

SCDDSN Basic Fiscal Training

February 10th

Room 251 and Virtual

Time	Presenter	Title	Topic
9:00 to 9:20	Chris Clark	CFO	General Overview and Cost Reports
9:20 to 9:45	Kevin Yacobi	Director of Internal Audit	Internal Audit Process and Year-End Reporting Requirements
9:45 to 9:55	Andrew Tharin	Director of Engineering and Planning	Facility Maintenance/Capital Budgeting and Planning
9:55 to 10:35	LaKenya Craig Carol Mitchell	SURB Fiscal Analyst Director of Revenue	Monthly Invoicing/Reporting Processes and Waiver Credit Reports
10:35 to 10:45			Break
10:45 to 11:05	Michael Mickey Kareem Briggs	Chief Information Officer Chief Info. Security and Privacy Officer	Helpdesk, Portal, Therap, and Cyber Security
11:05 to 11:35	Candis Golston	Director of Procurement	Procurement Requirements
11:35 to 12:00	Debra Leopard Diane Welsch	Director of Contracts Director of Cost Analysis	Funding Bands, Room and Board, Contracts, DocuSign

Communication Improvements

- 1) SCDDSN Finance Team is expected to respond to emails or voice mails within 48 hours (2 business days). Response may be simply that your email was received and we will need to follow up. We will not always have a ready answer for your questions. Inquiries pending answers will be tracked to ensure you get an answer as soon as possible.
- 2) Shared mailboxes are established to make it easier to communicate with SCDDSN. Some of the benefits of the shared mailboxes include:
 - a. Improves communication when many-to-one or one-to-many conversations are needed. Relevant parties are included in conversations automatically.
 - b. Single point of contact for everyone outside DDSN so that you don't need to keep up with names, email addresses, and knowing who you need to contact.
 - c. Brings transparency and visibility to the communications since several people are included in all conversations.
 - d. Improves responsiveness and productivity. Many team members are aware of the conversation and can chime in. Emails are not having to be forwarded to various team members.
 - e. Conversations are easier to track.
 - f. Workload is balanced amongst team members.
 - g. Team members added at a later date have full history of conversations.
- 3) Shared mailboxes (more will be established) and their purpose:
 - a. contracts@ddsn.sc.gov – this email address is used to inquire about any contract or contract amendment. If you have a question about the status of an amendment, have a question about contents of an amendment, need a copy of a contract or amendment, etc.
 - b. financial.reports@ddsn.sc.gov – this email address will be used to submit quarterly financial reports when we get that process started. Also, year-end reports will be submitted to this email address.
 - c. financial.techsupport@ddsn.sc.gov – this email address will be used if you have a need for technical assistance. For example, if you have an accounting question, if you have a question about a directive, if you have a question about a procedure or practice, etc.
 - d. funding.request@ddsn.sc.gov – this email address will be used to submit outlier and band change requests.
- 4) Key contacts
 - a. Debbie Wilson debra.wilson@ddsn.sc.gov – Contracts and settlements
 - b. Kelley Anderson kanderson@ddsn.sc.gov – Finance Director
 - c. Debra Leopard dleopard@ddsn.sc.gov – Contracts and amendments
 - d. Diane Welsch diane.welsch@ddsn.sc.gov – Payment schedules, settlements, and recoupments
 - e. Andrew Tharin atharin@ddsn.sc.gov – State owned community operated facility repairs and maintenance
 - f. Candis Golston candis.golston@ddsn.sc.gov – Procurement
 - g. Vicki Wilkes vwilkes@ddsn.sc.gov – Community capital projects, property sales
 - h. LaKenya Craig lcraig@ddsn.sc.gov – SURB payment of assistive tech, mods, credit reports
 - i. Carol Mitchell cmitchell@ddsn.sc.gov – billing questions, RESLOG/DSAL issues, manual adjustments, etc.
- 5) Therap SCOMM available for encrypted communications
- 6) SPM – make sure you are signed up and in the right channels
- 7) Finance and Audit Resources page on SCDDSN website
- 8) Executive Memos repository on SCDDSN website
- 9) DocuSign for contract execution
- 10) YouTube Channel
- 11) Skype meeting offerings

DDSN Official Directives and Policies Listed by Reference Number

REFERENCE NUMBER	TITLE OF DOCUMENT
100-01-DD	Electronic Communications System
100-04-DD	Adaptive Behavior Scales
100-05-DD	Endorsement of Solicitation Proposals and Projects
100-06-DD	Contacts with Agency Heads of Other State Departments, Constitutional Offices and Certain State Government Executives
100-07-DD	Naming of Facilities, Building Dedications and Groundbreakings
100-08-DD	State Director's Absence from Office
100-09-DD	Critical Incident Reporting
100-10-DD	Consumer Elopement
100-12-DD	AIDS Policy
100-17-DD	Family Involvement
100-21-DD	Adverse Operational Events
100-25-DD	Disaster Preparedness Plan for DDSN and Other DDSN Providers of Services to Persons with Disabilities and Special Needs
100-26-DD	Risk Management Program
100-27-DD	Dual Relationships
100-28-DD	Quality Management
100-29-DD	Medication Error/Event Reporting
100-30-DD	Eligibility Determination
101-02-DD	Suicidal Behavior- Preventing and Responding
101-03-DD	Procedures for Providing Genetic Services in DDSN Regional Facilities
103-01-DD	Federal Grant Application and Change Policy
104-01-DD	Certification and Licensure of DDSN Residential and Day Facilities
104-02-DD	ICF/IID Conversion Protocol
104-03-DD	DDSN Contract Compliance/Quality Assurance Reviews for Non-ICF/IID Programs
133-01-DD	Media and Publication Policies
133-02-DD	Freedom of Information (FOIA) Requests
167-01-DD	Appeal Procedure for Facilities Licensed or Certified by DDSN
167-06-DD	Confidentiality of Personal Information

200-01-DD	Personal Funds Maintained at Residential Level
200-02-DD	Financial Management of Personal Funds
200-03-DD	Accounts Receivable Collection Policy
200-04-DD	Voluntary Contributions and Donations
200-05-DD	Use of Consultants
200-08-DD	Travel Regulations
200-09-DD	Fees for Residential Services Provided by DDSN
200-12-DD	Management of Funds for Individuals Participating in Community Residential Programs
200-13-DD	Travel Regulations for Disabilities and Special Needs Boards and Contracted Service Providers
200-14-DD	Community Capital Funding Applications
250-05-DD	Cost Principles for Grants and Contracts with Community Providers
250-08-DD	Procurement Requirements for Local DSN Boards and Contracted Service Providers
250-09-DD	Calculation of Room and Board for Non-ICF/IID Programs
250-10-DD	Funding for Services
250-11-DD	Outlier Funding Request System – Capitated Funding System
250-12-DD	Competitive Funding for Special Service Contract: Statewide Consumer/Family Support Networks
275-01-DD	Missing Property Reporting
275-04-DD	Procedures for Implementation of DDSN Provider Audit Policy for DSN Boards
275-05-DD	General Duties of the Internal Audit Division
275-06-DD	Procedures for Implementation of DDSN Audit Policy for Contracted Service Providers
300-03-DD	Annual Certification of Electrical, Mechanical, Fire Alarm and Sprinkler Systems for Renewal of Licensure
300-04-DD	Maintenance of Physical Plant
300-05-DD	Maintenance Management Contract Requirements for Community Residential Homes
334-02-DD	Use of DDSN Regional Center Facilities by Outside Groups and Off-Duty Employees
334-03-DD	Vehicle Management Program
334-04-DD	Drug-Free Workplace and Alcohol and Drug Testing for Employees
335-01-DD	Diet Manual for DDSN
367-02-DD	Acquiring Information Technology (IT) Products and Services
367-08-DD	Central Office Telephone Call Coverage Backup Policy
367-11-DD	Telephone Policy
367-13-DD	Electronic Signature Policy
367-14-DD	Email Retention Policy
367-15-DD	Mobile Device Security Policy
367-16-DD	Removable Media Security Policy

367-17-DD	Human Resource and Security Awareness Policy
367-20-DD	Portable Computing Devices
367-30-DD	Wireless Network Policy for Consumer and Guest Internet Access
367-32-DD	Information Security and Privacy
368-01-DD	Individual Service Delivery Records Management
400-01-DD	State Service Award Program
400-07-DD	Temporary Positions and Temporary Employees
400-08-DD	Establishing and Filling Personnel Positions
400-21-DD	Educational Credentials
401-01-DD	Shift Differential Policy
402-01-DD	Employee Performance Management System Policy
403-01-DD	DDSN Employee of the Year
405-01-DD	Employee Grievance Procedure
406-03-DD	Reduction-In-Force Policy
406-04-DD	Criminal Record Checks and Reference Checks of Direct Caregivers
407-01-DD	Departmental Affirmative Action Plan for Equal Employment
413-01-DD	Standards of Disciplinary Action
413-02-DD	Off-Duty Conduct
413-03-DD	Code of Conduct
413-04-DD	Social Media Usage
413-05-DD	Work Hours Policy and Procedure
413-06-DD	Dress Code Policy
413-07-DD	Leave Transfer Pool
414-01-DD	Fair Labor Standards Act
418-01-DD	Teri and Retiree Employment
418-02-DD	Separation from Employment
502-01-DD	Admissions/Discharge of Individuals to/from DDSN Funded Community Residential Setting
502-04-DD	Short-Term Admission Services in a DDSN Regional Center or Community ICF/IID
502-05-DD	DDSN Waiting Lists
502-10-DD	Transition of Individuals from Regional Centers to Community
502-11-DD	Permission to Evaluate and Service Agreement
503-01-DD	Individuals Involved with Criminal Justice System
505-02-DD	Death or Impending Death of Persons Receiving Services from DDSN
508-01-DD	Competency to Stand Trial Evaluations

510-01-DD	Supervision of People Receiving Services
533-02-DD	Sexual Assault Prevention, and Incident Procedure Follow-Up
534-02-DD	Procedures for Preventing and Reporting Abuse, Neglect, or Exploitation of People Receiving Services from DDSN or a Contracted Provider Agency
534-03-DD	The Long Term Care Ombudsman Program
535-02-DD	Human Rights Committee
535-07-DD	Obtaining Consent for Minors and Adults
535-08-DD	Concerns of People Receiving Services: Reporting and Resolution
535-09-DD	Research Involving DDSN Resources and/or Persons Receiving Services from or Staff Employed by DDSN – Review and Approval
535-10-DD	National Voter Registration Act (Motor Voter)
535-11-DD	Appeal and Reconsideration Policy and Procedures
535-12-DD	Advance Directives
535-13-DD	Swallowing Disorders
535-14-DD	Authorization to Discuss Medical Condition and Medical Treatment Plan
535-15-DD	Obtaining Health Care Consent for Minors and Adults with Head And Spinal Cord Injuries (HASCI)
535-16-DD	Required Use of Surveillance Video Cameras in DDSN Regional Center ICFs/IID Settings
536-01-DD	Social-Sexual Development
567-01-DD	Employee Orientation, Pre-Service and Annual Training Requirements
567-04-DD	DDSN Approved Crisis Prevention Curricula List and Curriculum Approval Process
600-04-DD	Individual Travel at DDSN Regional Centers
600-05-DD	Behavior Support, Psychotropic Medications and Prohibited Practices
600-10-DD	Individual Clothing and Personal Property-DDSN Regional Centers
600-11-DD	Physical Management
602-02-DD	Aquatics Program at DDSN Operated Facilities
603-01-DD	Tardive Dyskinesia Monitoring
603-02-DD	Employee Health Requirements
603-03-DD	Safety Precautions for Medical and Dental Treatment
603-05-DD	Policy for Management of Occupational Exposures of Health Care Personnel to Potential Blood Borne Pathogens
603-06-DD	Tuberculosis Screening
603-07-DD	Do Not Resuscitate (DNR) Orders
603-09-DD	Management of Individuals Exposed to Potential Blood Borne Pathogens
603-12-DD	Immunization Procedure for DDSN Regional Centers
603-13-DD	Medication Technician Certification
604-01-DD	Individual Clothing and Personal Property
604-04-DD	Standard First Aid with Cardiopulmonary Resuscitation (CPR) – Adult, Child, Infant

700-02-DD	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act of 1990, Age Discrimination Act of 1975, Section 504 of the Rehabilitation Act of 1975 and Section 504 of the Rehabilitation Act of 1975 and Establishment of a Complaint Process
700-03-DD	Informed Choice in Living Preference for (ICF/IIDs)
700-05-DD	Pilot Services or Programs
700-06-DD	Stated Funded Case Management
700-07-DD	Employment First
734-01-DD	Individual and Family Support and Respite – State Funding
735-02-DD	Relatives/Family Members Serving As Paid Caregivers of Respite Services
736-01-DD	Relatives/Family Members Serving As Paid Caregivers of Medicaid Waiver Services
738-01-DD	Discharge Planning for those leaving ICF/IIDs and Enrolling in the ID/RD Waiver

DDSN COMMISSION POLICIES

800-01-CP	DDSN Ends Policy
800-02-CP	DDSN Governance Process Policy
800-03-CP	Executive Limitations Policy
800-05-CP	SCDSN Public Invocation Act
800-06-CP	Video Recording of DDSN Commission Meetings
800-08-CP	SCDSN Commission Meeting - Public Input

Medicaid Cost Reports and Cost Statements

1. Only DSN Boards have to submit cost reports and cost statements at this time.
2. Medicaid cost reports and cost statements are due to SCDDSN by September 30th each year.
3. Extensions may be requested from the CFO. Must be on letterhead and sent to the CFO by September 15th.
4. Due date for audit reports is October 31st.
5. Cost reports must be prepared using final audited figures and be based on full accrual accounting vs. modified accrual accounting.
6. Any difference between audited costs reported on the cost reports and the final audited costs on the audit report must be disclosed in the audit report supplementary schedules. In other words, the “audited costs” reported on the cost reports, when we tie out to the audit report, do not agree with one another.
7. One copy of the cost report **and attachments/supporting schedules** are to be sent to Cost Analysis.
8. Currently accepting only hard copies of cost reports.
9. The flip to fee for service funding may impact the future requirements for these reports.
10. Like facilities and programs can be combined into one schedule – consolidate/combine CTH 2 for example, but we need a schedule to backup the consolidated numbers.
11. Cost reports are not required to be prepared by the auditor or a CPA firm.
12. Use the Provider Reimbursement Manual – Part 1 (HIM 15 “Health Insurance Manual”) found on the internet.
13. Not all costs reflected on the audit are allowable costs and must be adjusted out – for example
 - a. GASB 75 Other Post Employment Benefits cost – retiree health insurance unfunded liability (actual premiums paid are allowable and any liability funded is allowable)
 - b. GASB 68 SCRS unfunded net pension liability
 - c. Room and Board for non-ICF programs
 - d. Other costs – HIM 15
14. Depreciation must follow the AHA Estimated Useful Lives of Depreciable Hospital Assets – pdf download can be purchased for \$88 on the internet. It can be purchased in paperback for \$80.34 on Amazon. The guide is update periodically and you must follow the guide that is applicable for the year being reported.
15. Cost Reports to submit
 - a. IDR Waiver
 - b. CS Waiver
 - c. HASCI Waiver
 - d. ICF/ID
16. Cost statements to submit
 - a. Case Management
 - b. Early Intervention
17. Cost Report forms are on our Finance and Audit web page.
18. Cost Report training handouts are on our Finance and Audit web page.

Medicaid Cost Report Preparation

South Carolina Department of Disabilities
and Special Needs

By: W. Chris Clark, CPA, CGMA
Chief Financial Officer

FINANCIAL & STATISTICAL REPORT FOR NURSING HOMES
FACILITY:
FROM 07/01/19 THRU 06/30/20

1. FACILITY DATA
a. NAME: MMIS No:
FACILITY LOCATION (STREET ADDRESS):
MAILING ADDRESS (STREET OR P.O. BOX): P.O. BOX 17467
CITY: STATE: ZIP CODE: E.I. NO:
PHONE (AREA CODE):

b. MEDICARE CERTIFIED: N/A MEDICARE PROVIDER NUMBER: N/A

c. TYPE OF CONTROL
PROPRIETARY
___Individual ___Partnership ___Corporation ___Sub S Corp
NON - PROFIT
___Church Related ___Other _____
(Describe)
GOVERNMENT
___State ___County ___District ___City ___Other _____
(Describe)

d. TYPE OF FACILITY
NF-NURSING FACILITY ___Free Standing ___Hospital Based
HOME OFFICE _____

2. ADMINISTRATOR DATA
NAME: LICENSE NO:

3. ACCOUNTING FIRM DATA
ACCOUNTING FIRM:
ADDRESS: PHONE:
CONTACT PERSON:

4. CERTIFICATION BY OPERATOR OF FACILITY AND PREPARER OF COST REPORT
Under penalties of perjury, I declare that I have examined this cost report, including
any accompanying schedule and/or statement, and to the best of my knowledge and belief,
it is true, correct and complete. Declaration of the preparer (other than facility
owners/personnel) is based on all information of which preparer has knowledge.

Owner's Signature Preparer's Signature Date

Agenda and Other

- Agenda
 - 10:00 am to 11:00 am – introductions/presentation
 - 11:00 am to 11:10 am – break
 - 11:10 am to 12:00 pm – presentation (continued)
 - 12:00 pm to 12:30 pm – lunch break
 - 12:30 pm to 12:45 pm – breakout into groups
 - 12:45 pm to 1:50 pm – workshop/case study
 - 1:50 pm to 2:00 pm – break
 - 2:00 pm to 2:50 pm – workshop/case study
 - 2:50 pm to 3:00 pm – wrap up/closing comments

Agenda and Other

- Mask usage
- Bathrooms
- Internet access
- Cell phones on vibrate or off
- Feedback requested – survey to be sent
- Materials to be shared on our Finance page
- CPE Credit

Learning Objectives

- Understand Medicaid's financial impact and involvement in services offered by your Agency
- Understand the contract language and certification statements related to filing of Medicaid cost reports
- Understand how all of the cost reporting comes together at Central Office
- Gain an understanding of some high level concepts of Medicaid cost reporting regulations
- Increase awareness of some high level Medicaid cost allocation considerations
- Learn about some provider level Medicaid cost reporting considerations and concepts
- Understand room and board and Medicaid cost reporting considerations
- Learn about some general Medicaid cost reporting pointers



\$705,000,000

Whoa! That's a big number!

Medicaid Funded Services

- ▶ Intermediate Care Facilities (ICF)
- ▶ Community Residential Care Facilities (CRCF)
- ▶ Community Training Homes 1 & 2 (CTH)
- ▶ Supervised Living 1 & 2 (SLP)
- ▶ CLOUS/CIRS Program
- ▶ Adult Day Programs (ADP)
- ▶ Supported Employment/Job Coach
- ▶ Enhanced Waiver Services
- ▶ Service Coordination/Case Management
- ▶ Early Intervention (EI)
- ▶ Miscellaneous Others

Medicaid Contracts Requiring Cost Reporting

- ▶ Intermediate Care Facilities (ICF/ID)
- ▶ Intellectual Disabilities/Related Disabilities (ID/RD) Waiver
- ▶ Community Supports (CS) Waiver
- ▶ Head and Spinal Cord Injury (HASCI) Waiver
- ▶ Service Coordination/Case Management
- ▶ Early Intervention

Contract Language with SCDHHS

SCDDSN is required to submit an original and one copy of an annual cost report on a form or in a format approved by SCDHHS to include actual allowable, necessary and reasonable cost and service delivery information for each service. Cost reports are required to verify actual costs and document certified public expenditures. This report must be completed and mailed to SCDHHS **by November 30th** of the subsequent fiscal year. A separate cost report shall be filed for each service period. SCDDSN is responsible for all unallowable costs.

Certification Statement by DDSN CFO

I do solemnly swear (or affirm) that I have examined the information contained in this request or report. That all information has been prepared from the books and records of SCDDSN. That the aforesaid information is true and correct to the best of my knowledge and belief; and, that no other request for reimbursement from other federal and/or state funds has been made nor has any other reimbursement been received, applied for, nor will they be applied for, for the services herein described. That SCDDSN has on file the proper documentation to support this request for reimbursement. And, that the costs represented are true costs incurred during the period of this request.

Provider/Preparer Certification by DSN Board

Under penalties of perjury, I declare that I have examined this cost report, including any accompanying schedule and/or statement, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of the preparer (other than facility owners/ personnel) is based on all information of which preparer has knowledge.

Requirement to Maintain Support

SCDDSN shall only be reimbursed for Medicaid deliverables directly related to Medicaid eligible and potentially Medicaid eligible Beneficiaries under this Contract. SCDDSN shall maintain detailed documentation and be able to provide such documentation, upon request by SCDHHS or its designee, to justify the costs billed by SCDDSN.

SCDDSN has the right and obligation to ensure that amounts reported are properly documented.

Provider Cost
Reports and
Cost Statements

SCDDSN
Regional Center
Costs

SCDDSN Central
Office Costs

Direct Billed
Costs, GGC,
Other Costs

All Information is
Aggregated,
Validated, and
Consolidated



Final Cost Report
Application of Service Unit
Statistics – IDRD, HASCI, CS,
Medicaid vs. State



Foundation for Accurate Cost Reports

Transactional Awareness and
General Ledgers

Medicaid Cost Reporting Process





Payroll and Accounts Payable Transactions

Training of staff controlling coding of transactions is key. Awareness of the end game is necessary.

Start with the end in mind!

Building for Reliable Cost Reporting



1 Annual Financial Reports

Awareness of generally accepted accounting principles, Medicaid allowable costs, and DDSN specific nuances.

2 Monthly Reporting

Monthly financial statements issued. Closely reviewed with the end in mind. The end = GAAP compliant year-end financial statements and Medicaid compliant year-end cost reports.

3 Daily Transactions

Coding of invoices, payroll transactions, journal entries, and deposits. Ensure chart of accounts is structured with the end goal in mind. Persons coding transactions need training and/or oversight.



Let's Review Some Medicaid Concepts

Provider Reimbursement Manual Pt 1

- ▶ Depreciation – Ch 1
 - ▶ Maximum capitalization threshold = \$5,000
 - ▶ Useful lives – assets before 1/1/81 can use IRS lives; assets on or after 1/1/81 must use AHA guidelines
 - ▶ Useful lives are minimum years
 - ▶ Must use straight-line depreciation
 - ▶ Year of acquisition and disposal – half-year or actual time
 - ▶ Claim depreciation on DDSN grant funded assets
 - ▶ Cannot claim depreciation on assets funded by federal government – FEMA generators, DOT vehicles, etc
 - ▶ Should be considering salvage value in establishing depreciable basis
- ▶ Asset Disposals – Ch 1
 - ▶ Asset retired from active service but held for standby or emergency can still be depreciated
 - ▶ No Gain or Loss from sale or scrapping of asset is recognized §130
 - ▶ Special rules on replacements §132
 - ▶ Special rules on involuntary conversions – total vs partial §133
- ▶ Pension Expenses – Defined Benefit – Ch 21
 - ▶ Can only claim payments made to the plan on a cash basis §2142.6A.
 - ▶ Amounts payable at year end are not countable. Amounts not clearing the bank are not allowable.
 - ▶ Net Pension Expense is not allowable

Let's Review Some Medicaid Concepts

- ▶ Other Post-Employment Benefits (OPEB) – Ch 21 §2162.9
 - ▶ Expense limited to amounts actually paid.
 - ▶ Accruals permitted if paid within 75 days after the end of the year (Sept 13th for June 30 reporters).
 - ▶ Payments to OPEB Trust based on actuarial study are countable.
 - ▶ Excess funds paid to OPEB Trust are not countable.
- ▶ Interest Capitalization – Ch 2 §206
 - ▶ Interest costs incurred during the period of construction must be capitalized as part of the cost of the facility.
- ▶ Related Organizations – Ch 10 §1005
 - ▶ Costs incurred by related party treated as if incurred by the provider as to allowability
 - ▶ Cost to provider is limited to cost of related party
- ▶ Unallowable costs – Ch 21 §2105
 - ▶ Cost of meals for executives or management in excess of costs provided to ordinary employees
 - ▶ Gifts and donations
 - ▶ Entertainment expenses – tickets to events, alcoholic beverages, golf outings, entertainers, etc. Costs for employee morale are permitted if reasonable (picnic, Christmas party, Agency bowling team, etc)
 - ▶ Personal use of Agency vehicles 2 CFR § 200.431 f – even if reported as taxable income
 - ▶ Fines or penalties
 - ▶ TV, Cable, and Telephone in consumer rooms – ICF vs. Non-ICF
 - ▶ Interest Expense 2 CFR §200.449 – cost incurred for borrowed capital

Let's Review Some Medicaid Concepts

- ▶ Unallowable Costs (Cont)
 - ▶ Costs related to political activities
 - ▶ Lobbying activities
 - ▶ Organization dues related to political and lobbying activities §2193.3
 - ▶ MEC assessments under ACA
- ▶ Direct assignment of allocable costs must use “actual auditable usage”. Estimates including statistical surrogates (such as Sq Ft) are not acceptable. Time studies are not acceptable. Ch 23 §2307.A
- ▶ Indirect Cost Allocation – Ch 23
 - ▶ Must use the step-down method to allocate costs
 - ▶ Any changes to cost finding or order of allocations must be approved by SCDDSN §2313
- ▶ Ultimately total costs are distributed to payor source based on underlying participation – state funded, private pay, Medicaid, etc.
- ▶ Room and Board costs – including administrative costs – are not allowable for non-ICF placements.
- ▶ Non-Medicaid operating revenues must be used first.
- ▶ HUD projects are required to be consolidated into ICF cost reports.
- ▶ Supported Employment allowable costs do not include cost to transport consumers to and from work.

High Level Considerations

- ▶ Determine that cost of land and the portion of assets that are Federally financed or financed with grantee matching contributions have been eliminated from the computation.
- ▶ Depreciation methods other than the straight-line method should not be accepted unless the circumstances fully justify their usage (i.e., when it can be demonstrated that the assets are being consumed faster in the earlier years than in the latter years of their useful life).
- ▶ Unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable, in accordance with the Cost Principles 2 CFR part 200.413(e).
- ▶ MTDC exclude "any extraordinary or distorting expenditures," usually capital expenditures, subawards, rent, contracts, assistance payments (e.g., to beneficiaries), and provider payments. The direct cost base selected should result in each award bearing a fair share of indirect costs in reasonable relation to the benefits received from those indirect costs.

High Level Considerations

- ▶ The term “Modified” refers to certain exclusions of costs that must be removed from the total direct costs before the indirect rate is applied to each funding source/program. Costs to exclude:
 - ▶ Equipment
 - ▶ Capital expenditures
 - ▶ Charges for patient care
 - ▶ Rental costs
 - ▶ Participant support costs
 - ▶ The portion of each subaward in excess of \$25,000
 - ▶ Other items should be excluded when necessary to avoid a serious inequity in the distribution of indirect costs and with the approval of the cognizant agency (SCDDSN) for indirect costs. Such costs are excluded when calculating the indirect costs allocated because the activities require minimal administrative support.

High Level Considerations

▶ Example:

An SEA (DSN Board) receives a \$1,000,000 award from a federal agency (SCDHHS through SCDDSN). The purpose of the award is to have specific school districts conduct seminars on a new federal program. The SEA awards \$100,000 to each of 10 school districts. Each of the school districts is responsible for payroll, issuing contracts and purchase orders, acquiring and paying for supplies, reimbursement for travel, and other similar administrative costs. The only efforts the SEA (DSN Board) spends on these awards are providing electronic payments and reviewing end-of-year financial reports. The \$1,000,000 award is a “pass-through” and therefore excluded. There is minimal benefit these funds received from the SEA. For each school district, the expenditures are part of the base for calculating the indirect cost rate.

Some Cost Allocation Considerations

- ▶ GAAP basis cost allocation will most likely not work for Medicaid cost reporting.
- ▶ Sufficient cost pools to get the job done. Should have:
 - ▶ Administration
 - ▶ Shared facility
 - ▶ Maintenance
 - ▶ Adult Day Program – ICFs
- ▶ Should consider having these pools – §2307.A:
 - ▶ Residential management
 - ▶ Transportation
 - ▶ Quality Assurance
 - ▶ Nursing
 - ▶ Food Service
- ▶ Do not allocate vehicle or driver costs to ICFs if they provide their own transportation to/from Day Program – in Adult Day or Transportation pool?

Some Cost Reporting Concepts

- ▶ Must offset allowable costs with any other sources of revenues before claiming Medicaid allowable costs
 - ▶ Consumer Fees – meal charges, transportation charges, etc.
 - ▶ DOT/Other operating grants
 - ~~▶ Gain from disposal of assets~~
 - ▶ HUD revenues – consolidated ICFs
 - ▶ In-kind revenues
 - ▶ Insurance proceeds
 - ▶ Interest income
 - ▶ Local funds (unless used to pay for specific participants)
 - ▶ SCDHHS Optional State Supplement – costs already claimed
 - ▶ SCRS 1% Credit – if SCRS expense grossed up
 - ▶ USDA Food Program Revenues – if operating a meal program
 - ▶ Work activity
 - ▶ Miscellaneous

Some Cost Reporting Concepts

- ▶ Sources of revenue that should not offset expenses
 - ▶ Consumer Fees – Room and Board, Care and Maintenance
 - ▶ DOT/Other capital grants
 - ▶ Gain from disposal of assets
 - ▶ Local funds if used to pay for participant (s)
 - ▶ SCDDSN settlements
 - ▶ SCDDSN/SCDHHS other operating revenues
 - ▶ SCDDSN state funding – will use stats to separate costs
 - ▶ Third-party Day Program revenues – Provider claiming expense

Some Cost Reporting Concepts

- ▶ Some expenses must be removed/eliminated via journal entry
 - ▶ Adjustment to indirect costs allocated
 - ▶ Book vs. Medicaid allowable depreciation
 - ▶ Cost settlements/compliance settlements
 - ▶ Depreciation on federally funded assets
 - ▶ HUD expenses to the extent of HUD revenues
 - ▶ Loss on disposal of assets over \$5,000 in demolition/abandoned
 - ▶ Room and board expenses
 - ▶ Third-party Day Program expenses – Provider claiming expense
 - ▶ Unallowable costs
 - ▶ Unfunded OPEB – claim cash outlay of retiree premiums paid
 - ▶ Unfunded SCRS pension liability

Room and Board Gone Wrong

- ▶ “SC Claimed Some Unallowable Room and Board Costs Under the Intellectual and Related Disabilities Waiver” – Office of Inspector General September 2012 reviewing 2007, 2008, and 2009 cost reports

“The State agency claimed Medicaid reimbursement of \$5,176,347 (\$3,726,112 federal share) for unallowable room and board costs under the Waiver program that the Department operated.”
- ▶ “SC Claimed Some Unallowable Room and Board Costs Under the Intellectual and Related Disabilities Waiver” – Office of Inspector General April 2015 reviewing 2010 cost reports

“The State agency claimed Medicaid reimbursement of \$1,293,893 (\$1,029,033 federal share) for unallowable room and board costs under the Waiver program that the Department operated.”

Some Room and Board Concepts

- ▶ Not all telephone costs are room and board – cell phones, pagers, fax lines, etc
- ▶ Internet access if consumers use/benefit
- ▶ Transportation costs are not room and board – depreciation, insurance, maintenance/repairs, etc
- ▶ Insurance costs for building and contents vs. tort, vehicle, fidelity, etc
- ▶ Room and board costs stuck in intermediate cost centers
- ▶ Room and board must be allocated admin costs
- ▶ Minor equipment not always room and board – computers, printers, office desks, time keeping devices, etc.
- ▶ Property taxes/fees related to home only
- ▶ Interest expenses on home financing only

General Pointers

- ▶ Cost Reports are due September 30th
- ▶ One printed copy must be sent to SCDDSN
- ▶ Must provide all attachments to support the cost reports
- ▶ Can consolidate similar programs on Waiver cost reports, but must supply a consolidation schedule to support amounts per financial statements
- ▶ ICF requires separate cost report for each licensed facility
- ▶ Do not need to provide participation statistics on cost reports
- ▶ Related entity consolidations are required except for HUD projects in Non-ICF programs – all considered room and board costs
- ▶ Room and board type expenses may be allowable for some Waiver residential programs – CTH 1, SLP 1, SLP 2, etc
- ▶ Statewide respite/in-home supports recoupments – report on Schedule S of each Waiver under proper line
- ▶ Statistics used for allocations – consider timing of changes during the year
- ▶ Depreciation – recommend assets be split out into grant and non-grant portions for tracking. Also, consider identification of federal grant vs. state grant. May want to use software to maintain two calculations like book vs. tax or federal vs. state.

Coronavirus Relief Funds

- ▶ Paycheck Protection Program (PPP)
 - ▶ Forgivable Loan Program
 - ▶ 24 week Period for Expenses
 - ▶ Accounting standards revenue recognition
 - ▶ Medicaid Cost Reporting conflicts
- ▶ Provider Relief Funds
 - ▶ 2% of Medicaid Revenues
 - ▶ Accounting standards revenue recognition
 - ▶ Medicaid Cost Reporting considerations
- ▶ Other sources – EIDL and EIDL Advance; Others

Resource Listing

- ▶ Provider Reimbursement Manual
- ▶ Cost Allocation Training Materials
- ▶ Electronic Code of Federal Regulations
 - ▶ Title 1 – General Provisions
 - ▶ Title 2 – Grants and Agreements
 - ▶ Title 2, Chapter III – Department of HHS
 - ▶ Title 42 – Public Health
 - ▶ Title 45 – Public Welfare

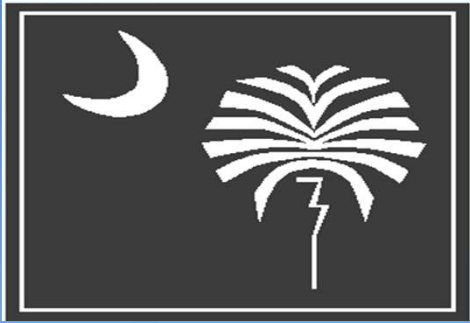
Thanks!

Any questions?

You can find me at:

chris.clark@ddsn.sc.gov





DDSN Internal Audit

Audit Overview and External Reviews



Presented by: Kevin Yacobi, Internal Audit Director
CIA, CGAP, CRMA, CBM, CFS

DDSN INTERNAL AUDIT

Phone number: (803) 898 - 9774

Toll free number: (888) 376 - 4636

Internal Audit Director – Kevin Yacobi
Staff



- Eric Baker**
- Kashori Davis**
- Brian Nanney**
- Angela Sharperson**
- Tarrence Trapp**

Overview of Internal Audit



Scope of Internal Audit

Audits

- (Providers, both board and private); Central Office Operations, Regional Centers, Special Request, Follow-Up.

Coordination

- Works with other state agencies in reviews and investigations.

Technical Assistance

- Provided in a timely manner based on the nature of the request and a determination of the most appropriate resource for the assistance.

Training

- Available to providers as requested to ensure that preventive measures are maintained at a high level (personal funds and property, Medicaid fraud, Ethics, etc.). **Note: We also have a web based consumer funds training available on the DDSN website.**

External Audits

- Coordination of provider audit policies and quality assurance reviews of Report on Applying Agreed Procedures.



Audit Process

Preliminary Survey

Audit Program

Field Work

Making Recommendations and Suggestions & Promoting Corrective Actions

Documenting Results of Audit

Reporting on the Audit

Follow-Up

Specifying in writing which activities to review and which transactions to examine, How to allocate audit resources to the audit steps, What audit procedures to follow, Which standards to measure against

Carrying out the audit procedures called for in the program; Performing all of the tests, comparisons, and verifications spelled out in the program; Obtaining evidence for audit conclusions; Determining the validity of objectives, goals and standards; Obtaining concurrence of the facts

Preparing a record of what was done in the audit and of the evidence gathered; Demonstrating the scope of the examination

Presenting audit results both orally and in writing; Expressing audit conclusions; Communicating the audit purpose, scope, findings and recommendations; Acknowledging any corrective action taken. Also reports may be given to outside agencies.

Internal Audit performs follow-up to ascertain that appropriate action is taken on reported audit findings. (Possible sanctions for repeat findings)



Audit Policy



Contractual Requirements

Full Financial Audits

- Requires all Boards to file a full financial audit within **120 days** of close of fiscal year.
- Residential QPL's are now required to submit financials, as of FY2018.

Management Letter

- When audit reports are filed with DDSN, providers must also submit a letter on the Provider's letterhead stationary and signed by the Executive Director.
- Letter must include the type and extent of all attestation, consulting, bookkeeping, and/or other services performed under contract or agreement and
- The name of the CPA or organization that provides such services should be included.

“RoAAP” Requirement

- All DSN Boards, entities grandfathered in as DSN Boards and Contracted Service Providers that receive \$250,000 or more in financial assistance from DDSN and perform any Medicaid billable services are required to submit a report on applying agreed upon procedures prepared by a CPA, within **90 days** of close of fiscal year.

General Information

- All providers should provide a copy of the appropriate audit policy and all attachments to their CPAs (DDSN Directives 275-04-DD or 275-06-DD).
- In addition, all providers are subject to a \$100/day contract reduction for each day a required report (RoAAP and/or Financial Audit and/or corrective action plan (CAP) is submitted past the due date. Total contract reduction is capped at \$2500 for each report and corrective action plan.



Report Requirements

Disclosure of information on the treatment of consumer funds – The audit policy requires CPAs to disclose, in detail, information in the Report on Applying Agreed Upon Procedures on how Providers handle consumers' personal funds.

- "Each Program" means providing detail information at the provider home level: ICF/ID, CRCF, CTH-I, CTH-II, SLP-I and SLP-II.

Corrective Action Plans – Omissions

- CAPs should include: 1) dates of implementation; 2) if training is involved, there should be detail concerning the duration and scope; 3) copies of documentation of remedial actions (i.e. service error correction forms)

Sample Sizes

- CPA's are required to state the size of the samples taken from the population examined.

Minimum Salary Information and Room and Board Policy:

- CPAs are required to report on whether Providers have established and implemented minimum salary and hourly wage standards in accordance with the DDSN contract. Additionally, CPAs are required to report on whether Room and Board policies have been reviewed and approved by DDSN and test for compliance.

Note:

- Remember, as a Provider, your contract is with the CPA. Ensure that they have the information and items needed to complete their end of the contract.
- Also, the State Board of Accountancy may review the provider reports DDSN receive for compliance with professional standards.



Updates to Reporting Process & Other Amendments

External Audit Reporting.

- Electronic and hard copy of Financial Reports to DDSN Finance
- No hardcopy report to district(s).
- Internal Audit will accept electronically filed RoAAPs @ Audit@ddsn.sc.gov

Quarterly Financial Reporting (DDSN Fiscal).

- 30 days after quarter closes.

Reporting Direct Billed and Medicare Part D.

Reporting Respite and Self Directed Care.

Reporting of OPEB.

Some Important Reminders



**Internal Audit
is a vital
resource for
providers.**

**Onsite training
is available
from IA upon
request.**

**IA training
does count
towards Board
Members
training.**

**Other useful
training for
Board
Members and
Providers**

- Governance
- Conflicts of Interest
- Ethics

**We are always
open and
available to
assist
providers as
requested and
as time
permits.**

Some Useful Tips

- ☐ **Program team involvement. (approval of trips, large purchases)**
- ☐ **If there is a question about a receipt or expenditure, do not accept a verbal explanation unless it is collaborated by at least one other staff member.**
- ☐ **Monitoring of receipts and expenditures by an independent person.**
- ☐ **Make unannounced visits - program and/or finance office?**
- ☐ **Do surprise cash counts - program and/or finance office?**
- ☐ **Call Internal Audit if there are any questions/doubts about what is acceptable.**

Ten Ways Providers Can Prevent/Detect Fraud

- 1. Have a written code of ethics.**
- 2. Set a good example.**
- 3. Have reasonable expectations.**
- 4. Treat employees well.**
- 5. Restrict bank account access.**
- 6. Perform regular bank account reconciliations.**
- 7. Adequately secure inventories and supplies.**
- 8. Adequately prescreen employee applicants.**
- 9. Give employees a way to report fraud.**
- 10. Have Internal Audit examine the books (Provider and Consumers).**



What Questions Do You Have?

Budgeting and Planning for Facility Management

“An Appropriate budget allocation for the routine M&R (maintenance and repair) for a substantial inventory of facilities will typically be in the range of two to four percent of aggregated current replacement value of those facilities (excluding land and major associated infrastructure). In the absence of specific information up which to base the M&R budget this funding level should be used as an absolute minimum value. Where Neglect of Maintenance has caused a backlog of needed repairs to accumulate, spending much exceed this minimum level until the backlog has been eliminated.” – The Building Research Board’s Committee on Advanced Maintenance Concepts for Buildings, 1990

Large Expenditure Items

These are costly items that commonly need maintenance and repair. These items can drastically affect life/safety conditions within a facility. They could also affect the licensing or ability to occupy a facility.

- Building Envelop – Roofs, cladding, water proofing, windows, doors, etc.
- HVAC Equipment – All heating, cooling, and ventilation equipment
- Fire Protection – Fire alarms and fire sprinkler systems.

Preventive Maintenance and Inspections for Large Expenditure Items

- **Roofs**
 - Commercial Roofs – Should be inspected 2x/year, Fall and Spring.
 - Residential/Shingle – Should be inspected every three years. Clean gutter annually
- **HVAC**
 - Standard Heat Pumps – Should be inspected and serviced by a professional technician at least once a year.
 - Filters should be visually inspected monthly, and changed if necessary.
 - Commercial Boilers and Chillers – These should be serviced and inspected annually.
- **Fire Protection**
 - Fire Alarm Systems – Should be inspected by a licensed contractor annually.
 - Sprinkler Systems – Should be inspected by a licensed contractor annually.

Generators

Many residential facilities and day programs around the state have emergency generators. The annual cost and maintenance of these generators need to be accounted for when budgeting for care and maintenance.

- Generators need to be serviced by a licensed technician annually.
- Generators need to be load bank tested by a licensed technician every three years.

Professional Design Services

- State laws and Regulations sometimes require Architects and Engineers to be involved in the construction and renovation of some facilities. It is typically best to always check with the AHJ (Authority Having Jurisdiction) to verify whether or not professional services are needed.
- DHEC regulations will always require an Architect or Engineer for the construction, addition, or alteration of an ICR of CRCF.
- Architects and Engineers are not typically required for CTHII's.

DDSN's Department of Engineering and Planning

- Please contact DDSN's Engineering Department with any questions regarding facility repair and maintenance.
- Engineering Department Contacts:
 - Andrew Tharin – Director – 898-9423
 - Seth Leslie – Engineer – 898-9712
 - Shirley Wilson – Program Coordinator 898-9801
 - Greg Adams – Energy Manager – 898-9422

FY 21 Invoices on R2D2

Note 1: Logs have to be Submitted and Approved and the Service Notes must be Submitted by 6 PM on the 5th business day of the month. Late Logs / Service Notes will result in non-payment and will not appear on the invoice for the month. Payments for unclosed logs will not appear on an invoice, but will appear once the items have been submitted within the allotted time frame.

Note 2: Beginning with the January 2021 Invoices (created on February 8, 2021) the DDSN SURB Department will process all invoices generated in R2D2 in house. The providers are no longer required to sign and submit the invoices from R2D2 to the SURB Department each month. Providers are encouraged to review their invoices within 30 days from the creation date that they were available and notify the SURB Department if they notice any corrections that need to be made to the invoice.

<p>Early Intervention (EI)</p>	<ul style="list-style-type: none"> • R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for Early Intervention. • \$23.74 Rate effective 1/1/2020 (Telehealth service effective 3/30/2020). • It is the responsibility of the Provider to review their detailed invoice within 30 days from the creation date that they were available. When the Provider runs this invoice it will serve as their supporting documentation to match to their deposit remits. <div data-bbox="402 1045 1401 1297"> <p>Parameters</p> <p>Cycle Month: 01</p> <p>Cycle Year: 2021</p> <p>Show Details (Required) NO</p> <p>Caseload:</p> <p>Provider:</p> </div>
<p>State Funded Case Management (SFCM)</p>	<ul style="list-style-type: none"> • R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for SFCM. • \$15.00 Rate (Office). • \$20.00 Rate (Home). • It is the responsibility of the Provider to review their detailed invoice within 30 days from the creation date that they were available. When the Provider runs this invoice it will serve as their supporting documentation to match to their deposit remits.

FY 21 Invoices on R2D2

Medicaid Targeted Case Management (MTCM)	<ul style="list-style-type: none">• R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for MTCM.• \$15.00 Rate (Office).• \$20.00 Rate (Home).• It is the responsibility of the Provider to review their detailed invoice within 30 days from the creation date that they were available. When the Provider runs this invoice it will serve as their supporting documentation to match to their deposit remits.
Waiver Case Management (WCM)	<ul style="list-style-type: none">• R2D2 → DDSN Reports → Logs → Service Notes → (Service Notes) Invoice for Waiver Case Management.• \$15.63 Rate effective 1/1/2020 (No Travel).• \$25.42 Rate effective 1/1/2020 (Travel).• It is the responsibility of the Provider to review their detailed invoice within 30 days from the creation date that they were available. When the Provider runs this invoice it will serve as their supporting documentation to match to their deposit remits.

FY 21 Invoices on R2D2

<p>Day Service Invoices</p>	<ul style="list-style-type: none"> • R2D2 → DDSN Reports → Logs → DSAL and RESLOG → DSAL → Invoice for DSAL • \$16.48 Rate for Employment Services for ID/RD and HASCI. • \$21.95 Rate for Employment Services for CSW. • \$31.29 Rate for Day Supports Half Day. • It is the responsibility of the Provider to review their detailed invoice within 30 days from the creation date that they were available. When the Provider runs this invoice it will serve as their supporting documentation to match to their deposit remits. • <u>Invoice Types:</u> <ul style="list-style-type: none"> ○ CSW – Consumer was enrolled in CS Waiver for service date when log was submitted. ○ ID/RD Non-Residential – Consumer was enrolled in ID/RD Waiver for the service date when log was submitted and was not receiving any regular residential services. ○ HASCI – Consumer was enrolled in HASCI Waiver for service date when log was submitted. ○ State Funded Community Support – Consumer enrolled in Funding Band A on service date. ○ State Funded Follow Along – Consumer enrolled in Funding Band Q on service date. ○ State Funded Excluding Community Support & Follow Along – Consumer not enrolled in Funding Band A or Q on service date. ○ Waiver Totals Only (CSW, HASCI & ID/RD)
<p>Other Services Included in State Funded Community Support</p>	<ul style="list-style-type: none"> • All other services covered should be <u>manually invoiced monthly</u>. Please include any supporting documentation along with your invoice.

- CALENDAR KEY:**

SUBMISSION DUE DATE

INVOICES AVAILABLE ON R2D2

[illegible]

Uploading to RBC (Reporting & Billing Center)

1. Log into the DDSN Application Portal; https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp
2. Type in your login and password then press enter.
3. Click on “RBC” under the DDSN Web Application Listing. (If you do not see it listed please contact the DDSN Helpdesk to ask them to add this function to your login access).

❖ DDSN Helpdesk by phone at 803-898-9767 or by email at Helpdesk@ddsn.sc.gov.

DDSN Web Application Listing	
CDSS	The Consumer Data Support System allows users to maintain Screening, Intake, and Eligibility information for DDSN consumers.
DSAL / RESLOG	Allows reporting of service information for their consumers in Day Supports and Residential Services.
ADT	Allows users to request admissions, discharges, and transfers from DDSN residential settings.
RBC	Various billing-related functionalities.
IMS	Incident Management System
JEDI	The Java Enterprise Directory Interface allows users to update their basic information (phone, address, etc.) and change passwords. This application is also used to control access to all secured DDSN web applications.
Genetics Billing	Application for all genetics-related billing.
R2D2	Actuate Reporting Application
SPM	Service Provider Management
SCB	The Service Notes Billing application provides access to billing management functionality for automated billing through the service notes module of CDSS.
QE	Quality Enhancement
DDSN Legacy Applications	
Mainframe (Rumba)	Click here to access the following applications: STS, PSS, WVR, SECURITY, and GTS
External DDSN Resources	
Business Tools	The Business Tools site provides access to DDSN training tools and various forms.
Log Off	

Uploading to RBC (Reporting & Billing Center)

- Click "Upload Document"



- In the drop down box for "Document Type" select the category for the invoice that you are uploading.

SC Department of Disabilities & Special Needs
Reporting & Billing Center

Upload Document

RBC Home
Upload Document
Exit to Portal

Document Type: Early Intervention *

Document: Choose File No file chosen *

Upload Document

- Click "Choose File". Go to the location on your computer and find the file that you have scanned or created to upload. Select it.
- Click "Upload Document"
- After uploading you should see a confirmation page stating that your document was successfully uploaded.
- Print the confirmation page and attach it to your backup detail showing that the information has been sent.



SC Department of Disabilities and Special Needs

CSW Procedure Codes and Modifiers by Type Fund

CSW	Type Fund	Procedure Code	Modifier	Service	Comments
	VL	A0120	000	ADULT DAY HLTH TRANS	
	VL	A4554	0KX	ASSISTIVE TECHNOLOGY	
	VL	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OD	A4554	000	ASSISTIVE TECHNOLOGY	
	VL	A4554	000	ASSISTIVE TECHNOLOGY	
	VL	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	XJ	G0177	000	SUPPORT CENTER SERVS	
	Y7	H0023	000	BEHAVIOR SUPPORTS	
	XJ	H0045	000	RESPIRE-ICF/ID	
	Y7	H0046	000	PSYCH SVC-COUNSELING	
	XJ	H2016	0SE	COMMUNITY SERV-IND	
	XJ	H2016	000	COMMUNITY SERVICES	
	XJ	H2025	000	EMPLOYMENT SERV-IND	
	XJ	H2026	000	EMPLOYMENT SERV-GRP	
	VL	S5102	000	ADULT DAY HEALTH	
	VL	S5130	000	PERSONAL CARE I	
	VL	S5130	076	PERSONAL CARE I	
	VL	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	S5150	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	S5150	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	S5150	077	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	S5150	079	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	S5151	000	SUPPORT CENTER SERVS	
	VL	S5160	000	PER EMERG RESPON SYS	
	OD	S5161	000	PER EMERG RESPON SYS	
	VL	S5161	000	PER EMERG RESPON SYS	
	VL	S5165	000	ENVIRONMENTAL MODS	
	XJ	S5165	000	ENVIRONMENTAL MODS	
	VL	T1005	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	T1005	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VL	T1005	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	XJ	T1016	0U1		
	XJ	T1016	0U2		
	XJ	T1017	0U1		
	XJ	T1017	0U2		
	VL	T1019	000	PERSONAL CARE II	
	VL	T1019	076	PERSONAL CARE II	
	VL	T1019	077	PERSONAL CARE II	
	VL	T1019	079	PERSONAL CARE II	
	XJ	T2014	000	CAREER PREPARATION	
	XJ	T2020	000	DAY ACTIVITY	
	XJ	T2025	000	IN HOME SRV-SELF DIR	
	XJ	T2025	076	IN HOME SRV-SELF DIR	
	OD	T2028	000	ASSISTIVE TECHNOLOGY	
	VL	T2028	000	ASSISTIVE TECHNOLOGY	
	XJ	T2028	000	ASSISTIVE TECHNOLOGY	



SC Department of Disabilities and Special Needs

CSW Procedure Codes and Modifiers by Type Fund

CSW	Type Fund	Procedure Code	Modifier	Service	Comments
	VL	T2029	000	ASSISTIVE TECHNOLOGY	
	XJ	T2029	000	ASSISTIVE TECHNOLOGY	
	XJ	T2039	000	PRIV VEHICLE MOD	
	VL	T4521	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	VL	T4521	000	ASSISTIVE TECHNOLOGY	
	VL	T4522	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4522	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4522	000	ASSISTIVE TECHNOLOGY	
	VL	T4522	000	ASSISTIVE TECHNOLOGY	
	VL	T4523	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4523	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4523	000	ASSISTIVE TECHNOLOGY	
	VL	T4523	000	ASSISTIVE TECHNOLOGY	
	VL	T4523	076	ASSISTIVE TECHNOLOGY	
	VL	T4524	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4524	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4524	000	ASSISTIVE TECHNOLOGY	
	VL	T4524	000	ASSISTIVE TECHNOLOGY	
	VL	T4525	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4525	000	ASSISTIVE TECHNOLOGY	
	VL	T4525	000	ASSISTIVE TECHNOLOGY	
	VL	T4526	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4526	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4526	000	ASSISTIVE TECHNOLOGY	
	VL	T4526	000	ASSISTIVE TECHNOLOGY	
	VL	T4527	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4527	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4527	000	ASSISTIVE TECHNOLOGY	
	VL	T4527	000	ASSISTIVE TECHNOLOGY	
	VL	T4528	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4528	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4528	000	ASSISTIVE TECHNOLOGY	
	VL	T4528	000	ASSISTIVE TECHNOLOGY	
	VL	T4529	000	ASSISTIVE TECHNOLOGY	
	VL	T4530	000	ASSISTIVE TECHNOLOGY	
	VL	T4532	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4532	000	ASSISTIVE TECHNOLOGY	
	VL	T4533	0KX	ASSISTIVE TECHNOLOGY	
	OD	T4533	000	ASSISTIVE TECHNOLOGY	
	VL	T4533	000	ASSISTIVE TECHNOLOGY	
	VL	T4534	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4534	OSC	ASSISTIVE TECHNOLOGY	
	VL	T4534	000	ASSISTIVE TECHNOLOGY	
	VL	T4534	076	ASSISTIVE TECHNOLOGY	
	VL	T4535	0KX	ASSISTIVE TECHNOLOGY	
	VL	T4535	OSC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: OSC
	OD	T4535	000	ASSISTIVE TECHNOLOGY	



SC Department of Disabilities and Special Needs

CSW Procedure Codes and Modifiers by Type Fund

CSW	<u>Type Fund</u>	<u>Procedure Code</u>	<u>Modifier</u>	<u>Service</u>	<u>Comments</u>
	VL	T4535	000	ASSISTIVE TECHNOLOGY	
	VL	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OD	T4543	000	ASSISTIVE TECHNOLOGY	
	VL	T4543	000	ASSISTIVE TECHNOLOGY	
	VL	T5999	0KX	ASSISTIVE TECHNOLOGY	
	VL	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OD	T5999	000	ASSISTIVE TECHNOLOGY	
	VL	T5999	000	ASSISTIVE TECHNOLOGY	
	VL	X2045	000	ADLT DAY HLTH NURSNG	
	VL	X6987	000	ADULT DAY HEALTH	
	VL	X6987	076	ADULT DAY HEALTH	
	Y7	90801	000	PSYCH EVALUATION	
	Y7	96118	0AH	PSYCH EVALUATION	



SC Department of Disabilities and Special Needs

HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	EN			PRESCRIBED DRUGS	
	OI	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GY	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0GZ	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0KX	ASSISTIVE TECHNOLOGY	
	VQ	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4554	0SG	ASSISTIVE TECHNOLOGY	
	OI	A4554	000	ASSISTIVE TECHNOLOGY	
	VQ	A4554	000	ASSISTIVE TECHNOLOGY	
	OI	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4554	076	ASSISTIVE TECHNOLOGY	
	VQ	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	A4927	000	INCONTINENCE SUPPLIE	
	X9	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	000	BEHAVIOR SUPPORTS	
	Y;	H0023	059	BEHAVIOR SUPPORTS	
	X9	H0045	000	RESPIRE-ICF/ID	
	X9	H0046	000	BEH SUPPORT EVAL	
	X9	H0046	000	FAMILY/IND. THERAPY	
	X9	H0046	000	PSYCH-ASSESS/TREAT	
	Y;	H0046	000	FAMILY/IND. THERAPY	
	Y;	H0046	000	LICENSE PSYCHOLOGIST	
	Y;	H0046	000	PSYCH-ASSESS/TREAT	
	Y:	L3808	000		
	VQ	S5121	0U1		
	VQ	S5121	000		
	VQ	S5125	0U1	ATTEN CARE SVC-HASCI	
	X9	S5125	0U1	ATTEN CARE SVC-HASCI	
	VQ	S5125	0U2	ATTEN CARE SVC-HASCI	
	X9	S5125	0U2	ATTEN CARE SVC-HASCI	
	VQ	S5125	0U3	ATTEN CARE SVC-HASCI	
	X9	S5125	0U3	ATTEN CARE SVC-HASCI	
	OI	S5160	000	PER EMERG RESPON SYS	
	VQ	S5160	000	PER EMERG RESPON SYS	
	X9	S5160	000	PER EMERG RESPON SYS	
	OI	S5161	0RR	PER EMERG RESPON SYS	
	OI	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	000	PER EMERG RESPON SYS	
	X9	S5161	000	PER EMERG RESPON SYS	
	VQ	S5161	076	PER EMERG RESPON SYS	
	OI	S5165	000	ENVIRONMENTAL MODS	
	VQ	S5165	000	ENVIRONMENTAL MODS	
	X9	S5165	000	ENVIRONMENTAL MODS	
	VQ	S9123	0TG	HASCI-PRIV NUR, RN	
	VQ	S9123	000	HASCI-PRIV NUR, RN	
	VQ	S9123	076	HASCI-PRIV NUR, RN	
	VQ	S9124	0TG	HASCI-PRIV NUR, LPN	



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HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	VQ	S9124	000	HASCI-PRIV NUR, LPN	
	VQ	S9124	076	HASCI-PRIV NUR, LPN	
	VQ	S9124	077	HASCI-PRIV NUR, LPN	
	VQ	T1002	000	RN SPECIALIZED CHILD	
	VQ	T1005	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	T1005	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VQ	T1005	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	T1005	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VQ	T1005	077	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	T1016	0U1		
	X9	T1016	0U2		
	X9	T1017	0U1		
	X9	T1017	0U2		
	X9	T2016	000	HASCI RESIDENTIAL	
	X9	T2017	000	HASCI RESIDENTIAL	
	X9	T2020	000	DAY ACTIVITY	
	X9	T2025	000	IN HOME SRV-SELF DIR	
	VQ	T2028	000		
	X9	T2028	000		
	VQ	T2028	076		
	VQ	T2029	0U1	ASSISTIVE TECHNOLOGY	
	OI	T2029	000		
	VQ	T2029	000	ASSISTIVE TECHNOLOGY	
	X9	T2029	000		
	X9	T2039	0U1	PRIV VEHICLE MOD	
	OI	T2039	000	PRIV VEHICLE MOD	
	VQ	T2039	000	PRIV VEHICLE MOD	
	X9	T2039	000	PRIV VEHICLE MOD	
	VQ	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4521	000	ASSISTIVE TECHNOLOGY	
	VQ	T4521	000	ASSISTIVE TECHNOLOGY	
	VQ	T4522	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4522	000	ASSISTIVE TECHNOLOGY	
	VQ	T4522	000	ASSISTIVE TECHNOLOGY	
	VQ	T4523	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4523	000	ASSISTIVE TECHNOLOGY	
	VQ	T4523	000	ASSISTIVE TECHNOLOGY	
	VQ	T4523	076	ASSISTIVE TECHNOLOGY	
	VQ	T4524	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4524	000	ASSISTIVE TECHNOLOGY	
	VQ	T4524	000	ASSISTIVE TECHNOLOGY	
	VQ	T4525	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4525	000	ASSISTIVE TECHNOLOGY	



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HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	VQ	T4525	000	ASSISTIVE TECHNOLOGY	
	VQ	T4526	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4526	000	ASSISTIVE TECHNOLOGY	
	VQ	T4526	000	ASSISTIVE TECHNOLOGY	
	VQ	T4527	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	VQ	T4527	0SG	ASSISTIVE TECHNOLOGY	
	OI	T4527	000	ASSISTIVE TECHNOLOGY	
	VQ	T4527	000	ASSISTIVE TECHNOLOGY	
	VQ	T4527	076	ASSISTIVE TECHNOLOGY	
	VQ	T4528	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4528	000	ASSISTIVE TECHNOLOGY	
	VQ	T4528	000	ASSISTIVE TECHNOLOGY	
	VQ	T4528	080	ASSISTIVE TECHNOLOGY	
	VQ	T4530	0SC	ASSISTIVE TECHNOLOGY	
	OI	T4530	000	ASSISTIVE TECHNOLOGY	
	VQ	T4530	000	ASSISTIVE TECHNOLOGY	
	OI	T4533	000	ASSISTIVE TECHNOLOGY	
	VQ	T4534	0SC	ASSISTIVE TECHNOLOGY	
	OI	T4534	000	ASSISTIVE TECHNOLOGY	
	VQ	T4534	000	ASSISTIVE TECHNOLOGY	
	VQ	T4535	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4535	000	ASSISTIVE TECHNOLOGY	
	VQ	T4535	000	ASSISTIVE TECHNOLOGY	
	VQ	T4543	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T4543	000	ASSISTIVE TECHNOLOGY	
	VQ	T4543	000	ASSISTIVE TECHNOLOGY	
	VQ	T4543	076	ASSISTIVE TECHNOLOGY	
	VQ	T5999	0CS	ASSISTIVE TECHNOLOGY	
	VQ	T5999	0KX	ASSISTIVE TECHNOLOGY	
	VQ	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
	OI	T5999	000	ASSISTIVE TECHNOLOGY	
	VQ	T5999	000	ASSISTIVE TECHNOLOGY	
	VQ	T5999	025	ASSISTIVE TECHNOLOGY	
	KG	V2020	000	ADULT VISION	
	KI	V2020	000	ADULT VISION	
	KI	V2107	000	ADULT VISION	
	KG	V2199	0LT	ADULT VISION	
	KG	V2199	0RT	ADULT VISION	
	KI	V2200	000		
	KG	V2299	0LT	ADULT VISION	
	KG	V2299	0RT	ADULT VISION	
	KI	V2784	000	ADULT VISION	



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HASCI Procedure Codes and Modifiers by Type Fund

HASCI	Type Fund	Procedure Code	Modifier	Service	Comments
	VQ	X0241	000	ATTEN CARE SVC-HASCI	
	VQ	X0241	073	ATTEN CARE SVC-HASCI	
	VQ	X0241	074	ATTEN CARE SVC-HASCI	
	VQ	X0241	076	ATTEN CARE SVC-HASCI	
	VQ	X0241	077	ATTEN CARE SVC-HASCI	
	VQ	X0241	079	ATTEN CARE SVC-HASCI	
	X9	X0243	000	ATTEN CARE SVC-HASCI	
	X9	X0247	000	ATTEN CARE SVC-HASCI	
	X9	X0247	076	ATTEN CARE SVC-HASCI	
	X9	X1000	000	HASCI RESIDENTIAL	
	X9	X1001	000	CAREER PREPARATION	
	X9	X1002	000	CAREER PREPARATION	
	X9	X1003	000	HASCI DAY HAB	
	VQ	X1922	0GY	ASSISTIVE TECHNOLOGY	
	VQ	X1922	0KX	ASSISTIVE TECHNOLOGY	
	VQ	X1922	0NU	ASSISTIVE TECHNOLOGY	
	VQ	X1922	0SC	ASSISTIVE TECHNOLOGY	
	OI	X1922	000	ASSISTIVE TECHNOLOGY	
	VQ	X1922	000	ASSISTIVE TECHNOLOGY	
	X9	X1922	000	ASSISTIVE TECHNOLOGY	
	VQ	X1922	050	ASSISTIVE TECHNOLOGY	
	OI	X1922	076	ASSISTIVE TECHNOLOGY	
	VQ	X1922	076	ASSISTIVE TECHNOLOGY	
	X9	X1922	076	ASSISTIVE TECHNOLOGY	
	VQ	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	X7028	000	RESP-HRLY OR RESP-HRLY/DOC RATE	
	VQ	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	X9	X7028	076	RESP-HRLY OR RESP-HRLY/DOC RATE	
	ZX	92506	0HA	ASSESS-COMMUNICATION	
	JY	92507	000		
	ZX	92507	000	OTHER COMMUN. SVCS	
	JY	92557	000		
	ZW	92557	000	ASSESS-COMMUNICATION	
	ZW	92567	000	AUDIOLOGY EVALUATION	
	Y?	97001	0GP	PHYSICAL THERAPY	
	Y:	97003	0GO	PHYSICAL THERAPY	
	Y?	97110	0GP	PHYSICAL THERAPY	
	Y:	97110	0GP		
	Y:	97113	0GO	OCCUPATIONAL THERAPY	
	Y?	97113	0GP	PHYSICAL THERAPY	
	Y:	97140	0GO		
	Y?	97140	0GP		
	Y?	97161	0GP		
	Y?	97161	000		
	Y?	97162	0GP		
	Y?	97162	000		
	Y?	97163	0GP		



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HASCI Procedure Codes and Modifiers by Type Fund

HASCI	<u>Type Fund</u>	<u>Procedure Code</u>	<u>Modifier</u>	<u>Service</u>	<u>Comments</u>
	Y?	97163	000		
	Y?	97164	0GP		
	Y?	97164	000		
	Y:	97165	0GO		
	Y:	97167	0GO		
	Y:	97530	0GO	PHYSICAL THERAPY	
	Y?	97530	0GP	PHYSICAL THERAPY	
	Y:	97530	0GP	PHYSICAL THERAPY	
	Y?	98967	000		

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
EI			PRESCRIBED DRUGS	
VF	A0120	000	ADULT DAY HLTH TRANS	
VF	A4554	0KX	ASSISTIVE TECHNOLOGY	
VF	A4554	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	A4927	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
FC	D0120	000	ADULT DENTAL	
FC	D0140	000	ADULT DENTAL	
FC	D0150	000	ADULT DENTAL	
FC	D0210	000	ADULT DENTAL	
FC	D0220	000	ADULT DENTAL	
FC	D0230	000	ADULT DENTAL	
FC	D0272	000	ADULT DENTAL	
FC	D0274	000	ADULT DENTAL	
FC	D0330	000	ADULT DENTAL	
FC	D1110	000	ADULT DENTAL	
FC	D2140	000	ADULT DENTAL	
FC	D2150	000	ADULT DENTAL	
FC	D2160	000	ADULT DENTAL	
FC	D2161	000	ADULT DENTAL	
FC	D2330	000	ADULT DENTAL	
FC	D2331	000	ADULT DENTAL	
FC	D2332	000	ADULT DENTAL	
FC	D2335	000	ADULT DENTAL	
FC	D2391	000	ADULT DENTAL	
FC	D2392	000	ADULT DENTAL	
FC	D2393	000	ADULT DENTAL	
FC	D2394	000	ADULT DENTAL	
FC	D7140	000	ADULT DENTAL	
FC	D7210	000	ADULT DENTAL	
FC	D7230	000	ADULT DENTAL	
FC	D7240	000	ADULT DENTAL	
FC	D7250	000	ADULT DENTAL	
FC	D9222	000	ADULT DENTAL	
FC	D9223	000	ADULT DENTAL	
FC	D9230	000	ADULT VISION	
FC	D9248	000	ADULT DENTAL	
XX	G0177	000	SUPPORT CENTER SERVS	
Y=	H0023	000	BEHAVIOR SUPPORTS	
Y=	H0023	059	BEHAVIOR SUPPORTS	
XX	H0045	000	RESPITE-ICF/ID	
Y=	H0046	000	BEH SUPPORT EVAL	
Y=	H0046	000	FAMILY/IND. THERAPY	
Y=	H0046	000	PSYCH-ASSESS/TREAT	
XX	H2016	000	COMMUNITY SERVICES	
XX	H2025	000	EMPLOYMENT SERV-IND	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
XX	H2026	000	EMPLOYMENT SERV-GRP	
VF	S5121	0U1	PEST CONTROL TREATMN	
VF	S5121	000	PEST CONTROL TREATMN	
VF	S5130	000	PERSONAL CARE I	
VF	S5130	074	PERSONAL CARE I	
VF	S5130	076	PERSONAL CARE I	
VF	S5160	000	PER EMERG RESPON SYS	
VF	S5161	000	PER EMERG RESPON SYS	
XX	S5165	000	ENVIRONMENTAL MODS	
VF	S9123	000	NURSING -RN	
VF	S9123	076	NURSING -RN	
VF	S9123	077	NURSING -RN	
VF	S9124	000	NURSING -LPN	
VF	S9124	076	NURSING -LPN	
VF	S9124	077	NURSING -LPN	
VF	T1002	000	RN SPECIALIZED CHILD	
VF	T1002	076	RN SPECIALIZED CHILD	
VF	T1002	077	RN SPECIALIZED CHILD	
VF	T1003	000	LPN SPECIALIZD CHILD	
VF	T1003	076	LPN SPECIALIZD CHILD	
VF	T1003	077	LPN SPECIALIZD CHILD	
VF	T1019	0T1	PERSONAL CARE II	
VF	T1019	000	PERSONAL CARE II	
VF	T1019	074	PERSONAL CARE II	
VF	T1019	076	PERSONAL CARE II	
XX	T2014	000	CAREER PREPARATION	
XX	T2020	000	DAY ACTIVITY	
VF	T2025	000	IN HOME SRV-SELF DIR	
XX	T2025	000	IN HOME SRV-SELF DIR	
VF	T2029	0U1	SME/AST TEC ASMT/CON	
VF	T2029	000	SME/AST TEC ASMT/CON	
XX	T2039	000	PRIV VEHICLE MOD	
VF	T4521	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4522	0KX	ASSISTIVE TECHNOLOGY	
VF	T4522	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4523	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4524	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4525	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4526	076	ASSISTIVE TECHNOLOGY	
VF	T4527	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4528	0KX	ASSISTIVE TECHNOLOGY	
VF	T4528	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4530	0KX	ASSISTIVE TECHNOLOGY	
VF	T4532	0KX	ASSISTIVE TECHNOLOGY	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
VF	T4533	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0KX	ASSISTIVE TECHNOLOGY	
VF	T4534	0SC	ASSISTIVE TECHNOLOGY	
VF	T4534	076	ASSISTIVE TECHNOLOGY	
VF	T4535	0KX	ASSISTIVE TECHNOLOGY	
VF	T4535	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T4543	0KX	ASSISTIVE TECHNOLOGY	
VF	T4543	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
VF	T5999	0KX	ASSISTIVE TECHNOLOGY	
VF	T5999	0SC	INCONTINENCE SUPPLIES	Eff:10/1/2013 Mod: 0SC
KJ	V2020	0Q5	ADULT VISION	
KJ	V2020	0RA	ADULT VISION	
KJ	V2020	0U9	ADULT VISION	
KH	V2020	000	ADULT VISION	
KJ	V2020	000	ADULT VISION	
KJ	V2100	0LT	ADULT VISION	
KJ	V2100	0RT	ADULT VISION	
KH	V2100	000	ADULT VISION	
KJ	V2100	000	ADULT VISION	
KJ	V2101	0LT	ADULT VISION	
KJ	V2101	0RT	ADULT VISION	
KH	V2101	000	ADULT VISION	
KJ	V2101	000	ADULT VISION	
KJ	V2102	0LT	ADULT VISION	
KJ	V2102	0RT	ADULT VISION	
KJ	V2102	000	ADULT VISION	
KJ	V2103	0LT	ADULT VISION	
KJ	V2103	0RA	ADULT VISION	
KJ	V2103	0RT	ADULT VISION	
KH	V2103	000	ADULT VISION	
KJ	V2103	000	ADULT VISION	
KJ	V2104	0LT	ADULT VISION	
KJ	V2104	0RT	ADULT VISION	
KJ	V2104	000	ADULT VISION	
KJ	V2105	0LT	ADULT VISION	
KJ	V2105	0RT	ADULT VISION	
KJ	V2105	000	ADULT VISION	
KJ	V2106	0RT	ADULT VISION	
KJ	V2106	000	ADULT VISION	
KJ	V2107	0LT	ADULT VISION	
KJ	V2107	0RT	ADULT VISION	
KJ	V2107	000	ADULT VISION	
KJ	V2108	0LT	ADULT VISION	
KJ	V2108	0RT	ADULT VISION	
KJ	V2108	000	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
KJ	V2109	0RT	ADULT VISION	
KJ	V2109	000	ADULT VISION	
KJ	V2111	0LT	ADULT VISION	
KJ	V2111	0RT	ADULT VISION	
KJ	V2111	000	ADULT VISION	
KJ	V2112	0LT	ADULT VISION	
KJ	V2112	0RT	ADULT VISION	
KJ	V2112	000	ADULT VISION	
KJ	V2113	0RT	ADULT DENTAL	
KJ	V2113	000	ADULT DENTAL	
KJ	V2114	0LT	ADULT VISION	
KJ	V2114	0RT	ADULT VISION	
KJ	V2114	000	ADULT VISION	
KJ	V2200	0LT	ADULT VISION	
KJ	V2200	0RT	ADULT VISION	
KJ	V2200	000	ADULT VISION	
KJ	V2201	0LT	ADULT VISION	
KJ	V2201	0RT	ADULT VISION	
KJ	V2201	000	ADULT VISION	
KJ	V2202	000	ADULT VISION	
KJ	V2203	0LT	ADULT VISION	
KJ	V2203	0RA	ADULT VISION	
KJ	V2203	0RT	ADULT VISION	
KJ	V2203	000	ADULT VISION	
KJ	V2204	0LT	ADULT VISION	
KJ	V2204	0RA	ADULT VISION	
KJ	V2204	0RT	ADULT VISION	
KJ	V2204	000	ADULT VISION	
KJ	V2205	0LT	ADULT VISION	
KJ	V2205	000	ADULT VISION	
KJ	V2207	0LT	ADULT VISION	
KJ	V2207	0RA	ADULT VISION	
KJ	V2207	0RT	ADULT VISION	
KJ	V2207	000	ADULT VISION	
KJ	V2208	0RA	ADULT VISION	
KJ	V2208	000	ADULT VISION	
KJ	V2211	0RA	ADULT VISION	
KJ	V2211	0RT	ADULT VISION	
KJ	V2211	000	ADULT VISION	
KJ	V2520	000	ADULT VISION	
KJ	V2744	0LT	ADULT VISION	
KJ	V2744	0RT	ADULT VISION	
KJ	V2744	000	ADULT VISION	
KJ	V2755	0LT	ADULT VISION	
KJ	V2755	0RT	ADULT VISION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
KH	V2755	000	ADULT VISION	
KJ	V2755	000	ADULT VISION	
KJ	V2780	000	ADULT VISION	
KJ	V2784	0LT	ADULT VISION	
KJ	V2784	0RA	ADULT VISION	
KJ	V2784	0RT	ADULT VISION	
KH	V2784	000	ADULT VISION	
KJ	V2784	000	ADULT VISION	
ZS	V5011	000	AUDIOLOGY SERVICES	
OG	V5030	0LT	AUDIOLOGY SERVICES	
OG	V5030	0RT	AUDIOLOGY SERVICES	
OG	V5050	0LT	AUDIOLOGY SERVICES	
OG	V5050	0RT	AUDIOLOGY SERVICES	
OG	V5060	0LT	AUDIOLOGY SERVICES	
OG	V5060	0RT	AUDIOLOGY SERVICES	
OG	V5264	0LT	AUDIOLOGY SERVICES	
OG	V5264	0RT	AUDIOLOGY SERVICES	
OG	V5266	0RT	AUDIOLOGY SERVICES	
OG	V5266	000	AUDIOLOGY SERVICES	
OG	V5267	0RT	AUDIOLOGY SERVICES	
ZS	V5275	0LT	AUDIOLOGY SERVICES	
ZS	V5275	0RT	AUDIOLOGY SERVICES	
XX	X0247	000	PERSONAL CARE II	
XX	X0247	000	UAP ATTENDANT CARE	
XX	X0247	076	PERSONAL CARE II	
XX	X0247	076	UAP ATTENDANT CARE	
VF	X1915	0LT	ASSISTIVE TECHNOLOGY	
VF	X1915	0RT	ASSISTIVE TECHNOLOGY	
VF	X1915	000	ASSISTIVE TECHNOLOGY	
VF	X1916	0LT	ASSISTIVE TECHNOLOGY	
VF	X1916	0RT	ASSISTIVE TECHNOLOGY	
VF	X1916	000	ASSISTIVE TECHNOLOGY	
XX	X1916	000	ASSISTIVE TECHNOLOGY	
VF	X2045	000	ADLT DAY HLTH NURSNG	
XX	X6974	000	SLP I	
XX	X6974	076	SLP I	
XX	X6975	000	CRCF	
XX	X6975	000	CTH I	
XX	X6975	000	CTH II	
XX	X6975	000	SLP II	
VF	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	000	RESP-HRLY OR RESP-HRLY/DOC RAT	
VF	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6985	076	RESP-HRLY OR RESP-HRLY/DOC RAT	
XX	X6986	000	ADULT COMPANION	

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
VF	X6987	000	ADULT DAY HEALTH	
VF	X6987	076	ADULT DAY HEALTH	
XX	X9322	000	PRIV VEHICLE MOD	
DS	1		ADULT DENTAL	
FC	41874	000	ADULT DENTAL	
KJ	92340	0RA	ADULT VISION	
KH	92340	000	ADULT VISION	
KJ	92340	000	ADULT VISION	
KJ	92341	000	ADULT VISION	
KJ	92342	000	ADULT VISION	
Y(	92507	000	PHYSICAL THERAPY	
ZT	92507	000	SPEECH EVALUATION	
ZT	92523	000		
ZT	92526	000		
ZS	92552	000	SPEECH EVALUATION	
ZS	92557	000	SPEECH EVALUATION	
ZS	92557	052	SPEECH EVALUATION	
ZS	92567	000	SPEECH EVALUATION	
ZS	92579	000	AUDIOLOGY SERVICES	
ZS	92585	000	AUDIOLOGY SERVICES	
ZS	92587	000	SPEECH EVALUATION	
ZS	92588	000	SPEECH EVALUATION	
ZS	92590	0LT	SPEECH EVALUATION	
ZS	92590	0RT	SPEECH EVALUATION	
ZS	92590	000	SPEECH EVALUATION	
ZS	92592	0LT	SPEECH EVALUATION	
ZS	92592	0RT	SPEECH EVALUATION	
ZS	92592	000	SPEECH EVALUATION	
ZS	92592	050	SPEECH EVALUATION	
ZS	92603	000		
ZT	92607	000		
Y(	92608	000		
ZT	92608	000		
Y(	92609	000		
ZT	92609	000		
ZT	92610	059		
ZT	92612	000		
Y(	97110	0GP	PHYSICAL THERAPY	
Y!	97110	0GP	PHYSICAL THERAPY	
Y!	97113	0GO		
Y(	97113	0GP		
Y!	97140	0GO		
Y(	97140	0GP		
Y(	97161	0GP		
Y!	97161	0GP		

ID/RD Procedure Codes and Modifiers by Type Fund

Type Fund	Procedure Code	Modifier	Service	Comments
Y(	97161	000		
Y(	97162	0GP		
Y(	97163	0GP		
Y(	97164	0GP		
Y(	97164	000		
Y!	97165	0GO		
Y!	97166	0GO		
Y!	97167	0GO		
Y!	97168	0GO		
Y!	97168	000		
Y!	97530	0GO	PHYSICAL THERAPY	
Y(	97530	0GP	PHYSICAL THERAPY	
Y!	97530	0GP	PHYSICAL THERAPY	

Section 10.1: Residential Services Reporting and Billing Procedures for RESLOG

Providers of Residential Habilitation services for DDSN are required to keep daily census information for each consumer served in their programs. Providers must report that census information through an automated reporting system called the Residential Logs Application or “RESLOG”. RESLOG is located on the DDSN application portal. In order to access RESLOG, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the DDSN application portal. To obtain access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Residential Service Definitions and Service Codes

A. Residential Habilitation Facilities (R02-R05)

Residential Habilitation Facilities are defined as non-institutional residential settings in which consumers receive care, skills training and supervision according to their needs. The DDSN sponsored facilities are licensed either by DDSN or DHEC. They include Community Training Homes I and II (CTHs I/II), Supervised Living Programs II (SLPs II), or Community Residential Care Facilities (CRCFs).

- SLP II (R02)
- CRCF (R03)
- CTH I (R04)
- CTH II (R05)

B. Intermediate Care Facilities (R06 & R07)

Intermediate Care Facilities are state-licensed residential facilities that offer active treatment, health, or other related services directed toward helping consumers function with as much self-determination and independence as possible.

- Community Operated ICF/IID (R06)
- Regional Centers (R07)

For more detailed information on Residential Habilitation definitions and services, please refer to the Residential Habilitation Standards at <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-standards>.

2. Instructions for On-Line Reporting

RESLOG instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > RESLOG. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer's name to a log.

A. Production of Residential Logs (Roll Books)

Residential logs are created in RESLOG on the first calendar day of each month based on Service Tracking System (STS) showing a consumer as receiving residential services. Consumer names, identifying information, and service provider location are drawn from STS to generate the logs. If a log displays incorrect information, STS needs to be updated. Until STS is updated, a log will continue to generate with incorrect information. To correct this information, contact should be made with the consumer's Case Manager. It is the Case Manager's responsibility to ensure that STS is updated when a consumer's service activity changes.

B. Reporting Attendance

Attendance for every consumer in a Residential Habilitation Facility should be recorded throughout the month. Attendance must be 100% recorded for each facility in order to properly document the costs of residential service. The daily census information entered should always reflect a consumer's location as of 11:59 P.M. each night.

For new Residential Habilitation Facilities, a system log can be created in RESLOG as long as there is at least one consumer shown on STS as residing in that facility. If a new facility log does not appear on your list, click on "create log" to see a list of facilities for which a log has not been created in the current month. If the facility name is not found on this list, a blank log may be used to enter your census information. Blank logs are available on the DDSN application portal. An example of a Residential Census Log for New Residential Facilities is shown on page 10.1 p.6 of this section.

To add a consumer's name to a system log in RESLOG, click on "Add Consumer" at the bottom of the summary screen. Eligible consumer names (based on STS) will appear. If the consumer's name does not appear, contact the consumer's Case Manager to ensure that STS is current.

(1) Residential Habilitation Facilities (R02-R05)

Following are status codes used for reporting attendance in RESLOG under the category of Residential Habilitation Facilities (R02 – R05):

Residential Habilitation Facilities Status Codes (R02 – R05 ONLY)
P – Present
L – On Leave
R – Respite (Hourly)*
S – On a DDSN Sponsored Activity**
D – Discharged

RESPITE (R02 – R05) *

There can never be Respite between like facilities. For reporting and billing purposes, the Respite (R) status code should never be used when a consumer moves from one Residential Habilitation Facility (R02-R05) to another within the provider’s organization. Respite (R) codes are used when a consumer, who does not receive Residential Habilitation, enters an R02-R05 facility. Recording of the (R) code is for attendance purposes only.

The only form of Respite that can be provided is Hourly Respite (STS Code S46) and the Individual Service Report (ISR) must reflect the number of hours and date Hourly Respite was provided. All Respite (R) services are reported on paper logs known as ISRs. See section 10.11 and 10.12 for information related to submission of these documents.

SPONSORED ACTIVITY (R02 – R05) **

The (S) code is used for a consumer who is not present at 11:59 P.M. due to reasonable circumstances, such as he or she is working or away from the facility on an overnight trip.

The (S) code may be used because a consumer from one Residential Habilitation Facility (R02-R05) has temporarily moved to another Residential Habilitation Facility **within** the provider’s organization. The (S) code may be used for reporting purposes at the sending facility for up to 7 days. The receiving facility should report nothing as long as both locations are operated by the same provider. However, if a consumer continues to stay at the receiving facility from the 8th day on, an Admission/Discharge/Transfer process must be completed, as well as updating STS.

The examples cited above are not all inclusive. There may be other circumstances that support the use of the (S) code. Unless a consumer is at their place of work, a provider employee must be present with the consumer in order to use the (S) code. Regardless if a situation is one-to-one or one-to-many, no consumer receiving Residential Habilitation should be left alone without proper supervision per DDSN Departmental Directive 510-01-DD: Supervision of People Receiving Services.

(2) Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
(R06 & R07)

Following are status codes used for reporting attendance in RESLOG under the category of Intermediate Care Facilities (R06 & R07):

ICF/IID Facilities Status Codes (R06 and R07 ONLY)	
P – Present	H – In Hospital (Outside)
L – On Leave	R – Respite *
T – Therapeutic Leave	D – Discharged
S – On DDSN Sponsored Activity	X – Consumer has Passed Away
A – Absent	Z – Hospice **

RESPITE (R06 & R07) *

There can never be Respite between like facilities. For ICF Facilities (R06 & R07), the only form of Respite for reporting and billing purposes is Institutional Respite (STS Code S13). All Respite (R) services are reported on paper logs, known as Individual Service Reports (ISRs). In order to use the (R) code for a consumer, first make sure that the Case Manager has entered an S13 code on STS along with a corresponding location code (R06/R07) where the service will be delivered. The (R) code cannot be used until STS has been updated with this information. If a consumer comes from a Residential Habilitation facility (R02-R05), the ICF/IID (R06/R07) should add his or her name to a log recording an (R) value, while the Residential Habilitation facility (R02-R05) records a value of (L) for “Leave” on their log for the consumer.

HOSPICE (R06 & R07) **

If a consumer begins receiving Hospice (Z) services, DDSN must begin billing the Hospice provider for room and board. The Hospice provider becomes the supplier of any services the consumer may need, except for room and board. The consumer continues to reside in their current Residential Habilitation facility (R06/R07) while receiving Hospice services.

DDSN needs certain billing information to be able to bill the Hospice provider. To obtain this information, regions/providers must complete a Hospice Services Information Sheet and mail it to your District Office. When the District Office has reviewed and signed the form, Districts are to forward the Hospice Information Sheet to **DDSN Finance Division, Attn: SURB, 3440 Harden St. Ext., Columbia, SC 29203.** If needed, a blank form is available on the DDSN application portal under Business Tools/Forms. An example is shown on page 10.1 p.7 of this section.

C. Submission of Residential Logs (Roll Books)

System logs must be both “Submitted” and “Approved” on RESLOG **by the close of business on the 5th business day of the following month.** A “Submitter” is defined as the employee who enters attendance data during the month. The Submitter provides the Approver with the completed logs for final approval and closure. The Submitter cannot also be the Approver.

Census information must be recorded on an ongoing basis throughout the month. At the end of the month, after all census information has been recorded, each system log must be “Submitted” for approval. Corrections may continue to be made to a log after it has been submitted all the way up until it has been “Approved.” After a system log has been approved, no changes may be made to it.

DDSN’s Residential Habilitation service providers on the Private Provider List must submit an invoice to DDSN each month in order to receive reimbursement for services rendered. Invoices must include the following information: (1) consumer name(s), (2) the days served, and (3) the rates approved in the provider’s contract. All Leave days (up to the maximum allowed under the contract) are reimbursed at the base rate without outliers. Vacant days, up to a maximum of 30, are reimbursed based on the funding available for the bed at the base rate without outliers. All invoices should be uploaded electronically through the Reporting and Billing Center (RBC) which is located on DDSN’s Application Portal. RBC is a secure system on DDSN’s application portal for uploading confidential billing documents that go to the SURB area. If a provider does not have access to this application, contact DDSN’s IT Department by submitting a help desk ticket to helpdesk@ddsn.sc.gov or by calling 803-898-9767. In the event that an invoice must be mailed, the address is as follows: **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.**

If you upload documents through RBC, please do not mail the originals.

D. On-Line History

Approved system logs are maintained on-line for inquiry purposes for eighteen (18) months. These logs may be reviewed, but information once submitted and approved may not be changed.

3. Confidentiality of On-Line Reporting Documents

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

Supersedes 7/01/17

SCDDSN Finance Manual
Chapter 10: Service Units Reporting and Billings (SURB)
Residential Services Reporting and Billing
Procedures for RESLOG 10.1

Issue Date 1/31/21

Supersedes 7/01/17

Hospice Services Information Sheet:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Hospice Services Information Sheet

FACILITY INFORMATION

Provider Name:	Provider Number:
-----------------------	-------------------------

HOSPICE INFORMATION

Consumer Name:	
Medicaid Number:	Consumer SSN (Last 4 Digits):
Hospice Admission Date:	Patient ID:
Hospice Provider Name: Address:	Hospice Contact: Phone #:
Hospice Medicaid Provider Number:	
Hospice Primary Nurse (if available):	
Hospice Medical Director (if available):	

Form Completed By: _____

Contact Phone #/Email: _____

District Office Only: _____

Reviewed By: _____
District Office Signature

Title: _____

Date: _____

Forward to: *DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia SC 29240*

SURB Form / HOSP SRVS INFO SHEET (02/17)

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Hospice Services Information Sheet

FACILITY INFORMATION

Provider Name:	Provider Number:
-----------------------	-------------------------

HOSPICE INFORMATION

Consumer Name:	
Medicaid Number:	Consumer SSN (Last 4 Digits):
Hospice Admission Date:	Patient ID:
Hospice Provider Name: Address:	Hospice Contact Person: Phone #:
Hospice Medicaid Provider Number:	
Hospice Primary Nurse (if available):	
Hospice Medical Director (if available):	

Form Completed By: _____

Contact Phone #/Email: _____

District Office Only:Reviewed By: _____
District Office Signature

Title: _____

Date: _____

Forward to: **DDSN, Attn: SURB, 3440 Harden Street Ext., Columbia SC 29203**

**South Carolina Department of Disabilities and Special Needs
Residential Census Log
FOR NEW RESIDENTIAL FACILITIES**

Regional Center:

Provider:

Facility Name:

Month:

Individual's Name	Soc Sec # (Last 4 only)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Notes:

Complete this log for all new individuals entering the above named facility. Enter the name and social security number for each individual.

Make sure that all the above named individuals are added to the STS system. This is imperative to insure future generated logs.

Preparer's Signature: _____

Authorized Designated Signature: _____

Section 10.2: Day Services Reporting and Billing Procedures for DSAL

Providers of day services for DDSN are required to report those services through an automated system called the Day Supports Attendance Logs Reporting System or “DSAL”. DSAL is accessed through the DDSN application portal. In order to access DSAL, users must have a valid portal ID and password. Central Office Information Technology (IT) Division assigns user IDs for the application portal. Contact the IT Helpdesk at 803-898-9767 or email Helpdesk@ddsn.sc.gov to request security authorization.

1. Adult Day Services and Service Codes

1. Career Preparation (S97)
2. Community Services – Group (S98)
3. Community Services – Individual (S86)
4. Day Activity Services (S96)
5. Support Center Service (S09)
6. Employment Services-Individual (S06)
7. Employment Services-Group (S11)

For more information on Day Services, please refer to the Day Services Standards or the Waiver Manuals on the DDSN website (www.ddsn.sc.gov).

2. Funding Sources

Program funding sources are determined by DDSN before the onset of services. After a system log has been completed and submitted electronically, one of the following funding sources will appear next to each consumer’s name and category totals will appear at the bottom of the log:

- ICF/IID Community (IC)
- ICF/IID Regional (IR)
- ID/RD Waiver – Not Receiving Residential (WI)
- ID/RD Waiver – Receiving Residential (WR)
- HASCI Waiver (WH)
- CS Waiver (WC)
- State-Funded (SF)

3. Instructions for On-Line Reporting

DSAL instructional videos are available on the application portal under DDSN > Business Tools > Videos > Application Training > DSAL. These videos are helpful for learning tasks such as how to create, unlock, or reject a system log and how to add a consumer’s name to a log.

A. Production of Service Logs (Roll Books)

Day Service logs are created in DSAL on the first calendar day of each month based on where the Service Tracking System (STS) shows a consumer as receiving services. When the logs are generated, information such as consumer names, identifying information, and service

provider location are drawn from STS data. If a system log shows incorrect information, STS needs to be updated. Until STS is updated, a system log will continue to print incorrect information. Contact should be made with the consumer's Case Manager to ensure that STS is updated promptly.

B. Reporting Attendance

All program attendance must be tracked throughout the month. Reporting must be done for each consumer on each day of the month by marking under the appropriate indicator whether they were present or absent for the AM unit and/or the PM unit.

Attendance			
Logged on as: Wilson, Debra (dwilson6)			
Log Month/Year:	January, 2021		
Service:	CAREER PREPARATION (S97)		
Program:	CAREER PREP SERV/ANDERSON (S97 305 01)		
Color Key:			
<input type="radio"/>	Present	<input type="radio"/>	Absent
Service Date: 1/20/2021 (Wed)			
Name	AM	PM	
(XXX-XX-2834)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(XXX-XX-4171)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(XXX-XX-6629)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(XXX-XX-8035)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(XXX-XX-7860)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(XXX-XX-2241)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Exception: Employment Services-IND logs (Service Code S06) are reported in 15 minute units. You must enter the actual time of service instead of selecting present or absent.

Consumers are automatically recorded as absent on weekend days only. This attendance may be overridden if a consumer should happen to receive day services on a weekend day.

DDSN's contract with SCDHHS requires that a consumer be present in a day service activity for a minimum of 2 – 3 hours per half day, exclusive of transportation, in order to count the time as a unit of service. Exceptions to the 2 – 3 hours rule may be made for consumers who arrive late or leave early if it is necessary for them to receive other services already identified as part of their program plan. (Examples: doctor's appointment, therapy, etc.)

If a service log did not generate for a new service location and the provider is certain that a consumer is receiving service there, a log may be created by clicking on “Create Log” from the DSAL menu. Based on STS, eligible consumer names will populate a new log. If no consumers show up on STS as receiving day services at the new service location, a log will not generate and users will see a screen message stating that a log could not be created. To be clear, the condition for creating a new log is that there must be at least one consumer on STS receiving services from the new location.

If a consumer’s name is omitted from a log, the name may be added to the current month’s log by clicking on the “Add Consumer” button at the bottom of the log summary screen. The information in STS determines who appears on the monthly logs. Therefore, information on STS must be correct in order for the logs to generate correctly.

C. Submission of the Logs (Roll Books)

System logs must be both “Submitted” and “Approved” on DSAL **by 6 pm of the 5th business day of the following month**. A “Submitter” is defined as the employee who enters attendance data during the month. The Submitter provides the Approver completed logs for final approval and closure. The submitter and approver cannot be the same person.

Attendance must be recorded on an ongoing basis throughout the month. At the end of the month after all attendance for the month has been entered, system logs should be “Submitted” for approval. Corrections may continue to be made to a log after it has been submitted up until it has been “Approved.” After approval, no changes may be made.

For any consumer not listed on the DSAL, but services were rendered to them the provider must be reported on the “Adult Half Day Roll Book” or the “Adult Hourly Roll Book”, as applicable. These forms are shown at 10.2 p.5 and 10.2 p.6 and can be found on the portal at DDSN>Business Tools>Forms>Finance Manual Chapter 10. All forms should be uploaded electronically through the Reporting and Billing Center (RBC) which is located on DDSN’s Application Portal. RBC is a secure system on DDSN’s application portal for uploading confidential billing documents that go to the SURB area. If a provider does not have access to this application, contact DDSN’s IT Department by submitting a help desk ticket to helpdesk@ddsn.sc.gov or by calling 803-898-9767. In the event that an invoice must be mailed, the address is as follows: **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203.**

D. On-Line History

Approved roll books are maintained on-line for inquiry for eighteen (18) months. These finalized reports may be reviewed, but information may not be changed.

4. Submission of Day Services for Non-Residential Consumers

Effective January 1, 2021, the submission of day services attendance for consumers that are living at home are processed as a fee for service through DSAL versus funding through a band payment. The responsibility lies with the Day Services staff to record attendance in compliance with the regulations of the program. At the end of the month when the logs are submitted and approved, an invoice will generate in DDSN’s application portal under Logs > DSAL and

RESLOG > DSAL. This invoice will be printed by DDSN and a fee for service payment will be issued to the respective provider of service based on the units of service provided. If the DSAL logs are not submitted and approved timely, no invoice will be generated and the service provider will be required to wait until the next month for payment.

It is the responsibility of the service provider to ensure that the billing of all services is complete, accurately reported, and properly authorized.

5. Confidentiality

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

6. Special Notes

- Case Managers are responsible for updating STS to reflect the appropriate service and activity for each consumer. Directors of Day Service and Case Management must ensure updates are current to within two (2) working days of any changes.
- Day Program staff are responsible for accurately reporting attendance for each activity and the service in which the activity was provided.
- Weekends are automatically filled in as “Absent” for each consumer listed. This data may be overridden if a consumer were to receive day services on a weekend day.
- If a consumer’s name is missing from a log in DSAL, click on “Add Consumer” at the bottom of the summary screen. If STS has been updated with the service for that consumer, his or her name will appear on the next screen and may be added to the current month’s log. If the correct name does not appear, contact should be made with the consumer’s Case Manager to ensure that STS is updated.
- The actual hours and minutes of Employment Services-IND (S06) rendered to a consumer must be filled in on the appropriate date. A unit of service for this code is 15 minute units.
- If a consumer has been discharged, STS must be updated immediately by the consumer’s Case Manager, and the Admission/Discharge/Transfer process must be completed as soon as possible.
- If it is discovered that an approved service has been delivered, but was not reported and the service occurred during a prior month, a blank roll book must be used to submit the service for billing. **A Service Error Correction Form should never be used to report a previously un-reported service.** A blank Adult Day roll book may be used to report the service. A blank roll book form may be found on the DDSN application portal under Business Tools > Forms > Finance Manual Chapter 10.

SCDDSN Finance Manual
Chapter 10: Service Units Reporting and Billings (SURB)
Day Services Reporting and Billing Procedures for DSAL 10.2

Issue Date 1/31/21
Supersedes 07/01/17

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for _____
 (Month / Year)

Service: _____
 Provider: _____
 Location: _____

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:	SS# XXX-XX-																															
AM																																
PM																																
Consumer Total																																

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
Name:	SS# XXX-XX-																															
AM																																
PM																																
Consumer Total																																

Supervisor Signature: _____ Date: _____

Please mail completed form mail to: SCDDSN, ATTN: SURB, 3440 Harden St Ext, Columbia, SC 29203

DDSN SURB Form C1052: DSAL DAILY ROLLBOOK
 Form Date: 3/14/2019

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: _____

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: _____

LOCATION: _____

INDIVIDUAL: _____

SOCIAL SECURITY #: _____

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

[illegible]

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

Signature

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Adult Half Day Roll Book for _____

(Month / Year)

Service: _____

Provider: _____

Location: _____

1 Present 0 Absent

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units										
Name: _____																																	SS# XXX-XX-____									
AM																																										
PM																																										
Consumer Total																																										

	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units										
Name: _____																																	SS# XXX-XX-____									
AM																																										
PM																																										
Consumer Total																																										

Supervisor Signature: _____

Date: _____

Please mail completed form mail to: SCDDSN, ATTN: SURB, 3440 Harden St Ext, Columbia, SC 29203

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

ADULT HOURLY ROLL BOOK FOR: _____

INDIVIDUAL SERVICE REPORT

SERVICE: ADULT EMPLOYMENT SERVICES - INDIVIDUAL

PROVIDER: _____

LOCATION: _____

INDIVIDUAL: _____

SOCIAL SECURITY #: _____

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

[illegible]

I CERTIFY THAT SERVICES AS REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

Signature

Section 10.5: Board-Billed Environmental or Private Vehicle Modifications Payment and Reporting Procedures

This section addresses the procedures to follow related only to those Environmental or Private Vehicle Modifications that are Board-Billed. For more information regarding these services, please refer to the ID/RD and CS Waiver manuals available on DDSN's website.

Case Managers handle processing of modifications in accordance with procedures outlined in the respective ID/RD or CS Waiver manual. At the time the service is authorized, it must be determined whether the vendor is established as a State vendor using one of the methods below:

- 1) A search can be completed on the State's vendor search tool that can be accessed at <http://webprod.cio.sc.gov/SCVendorSearch/vendorSearch.do>
- 2) The Case Manager can inquire of the vendor as to whether they are established as a State vendor or not. If so, they must request their state vendor number.

If the vendor providing the service is not established in the State payable system, the vendor must complete the State vendor registration process. Additionally, the vendor must complete a W-9 Form and forward it to ap@ddsn.sc.gov at the time the service is authorized.

Once the modification is completed and the Case Manager has monitored the modification to ensure satisfaction of the Waiver participant, the case management agency will submit a request for payment. All required documents should be uploaded electronically through the Reporting and Billing Center (RBC) which is located on DDSN's Application Portal. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. If a provider does not have access to this application, contact DDSN's IT Department by submitting a help desk ticket to helpdesk@ddsn.sc.gov or by calling 803-898-9767. If documents must be mailed, the address is as follows: **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203. If you upload documents through RBC, please do not mail the originals.**

To request payment for a completed modification, the following information is required:

- 1) Request for Modification Form (see 10.5 p.2)
- 2) Approved Invoice and W-9, if necessary, from the vendor
- 3) Waiver authorization form (if not in Therap)

Once the information has been received, it will be reviewed and a payment to the vendor will be issued through DDSN's Accounts Payable Department. To check the payment status, please send an email to ap@ddsn.sc.gov.

Confidentiality

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104-191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all reporting documents.

SCDDSN Finance Manual
Chapter 10: Service Units Reporting and Billings (SURB)
Board-Billed Environmental or Private Vehicle
Modifications Reimbursement and Reporting Procedures 10.5

Issue Date 1/31/21

Supersedes 7/01/17



3440 Harden Street Ext.
Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

REQUEST FOR MODIFICATION

WAIVER TYPE

- ☐ ID/RD
☐ CSW
☐ HASCI

MODIFICATION TYPE

- ☐ Environmental
☐ Private Vehicle

Remit To: _____

Address (include zip code): _____

Phone Number: _____ Email Address: _____

State Vendor? ☐ Yes ☐ No If yes, provide vendor number, if no, a W-9 form is required. State Vendor Number: _____

Provider Agency: _____

Address (include zip code): _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Consumer Name: _____ SSN # (Last 4): _____

Modification Description: _____

Cost of Modification (Amount Requested): _____ Date of Completion: _____

The following documents are required for payment

- Invoice
- Waiver Authorization
- W-9 (if applicable, see above)

PROVIDER CERTIFICATION: This modification has been provided for the consumer named above and has been completed to the satisfaction of the consumer.

Signature _____ Title _____ Date: _____

FOR DDSN/SURB USE ONLY:

This service has been billed to Medicaid.

Signature: _____

Date: _____



3440 Harden Street Ext.
Columbia, South Carolina 29203
803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.ddsn.sc.gov

REQUEST FOR MODIFICATION

WAIVER TYPE

- ☐ ID/RD
☐ CSW
☐ HASCI

MODIFICATION TYPE

- ☐ Environmental
☐ Private Vehicle

Remit To: _____

Address (include zip code): _____

Phone Number: _____ Email Address: _____

State Vendor? ☐ Yes ☐ No If yes, provide vendor number, if no, a W-9 form is required. State Vendor Number: _____

Provider Agency: _____

Address (include zip code): _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Consumer Name: _____ SSN # (Last 4): _____

Modification Description: _____

Cost of Modification (Amount Requested): _____ Date of Completion: _____

The following documents are required for payment

- Invoice
- Waiver Authorization
- W-9 (if applicable, see above)

PROVIDER CERTIFICATION: This modification has been provided for the consumer named above and has been completed to the satisfaction of the consumer.

Signature Title Date: _____

FOR DDSN/SURB USE ONLY:

This service has been billed to Medicaid.

Signature: _____

Date: _____

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

**ID/RD Waiver Request for Payment of
Assistive Tech, Environmental or Private Vehicle Modifications**

Provider Agency:		
Address:		
City:	State:	Zip:
Contact Person:	Phone Number:	

Consumer's Name:	SSN # (Last 4):
Type of Modification:	
Cost of Modification (Amount Requested): \$	
Date of Completion:	

Please attach a copy of the following documentation:

- ▶ Vendor's invoice.
- ▶ Waiver Authorization.
- ▶ Provider's payment to the Vendor as verification.

Failure to submit all required documentation will delay payment.

PROVIDER CERTIFICATION: *The modification listed on this form has been provided to the individual named above as per the attached documentation.*

Signature

Title

Date

<u>For SURB Use</u> <i>The appropriate documentation has been received for this environmental modification. This invoice may be released for payment.</i>		<u>For Accounts Payable Use</u> <i>The Accounts Payable audit is complete.</i>	
Initials:	Date:	Initials:	Date:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS

Community Supports Waiver – Service Documentation
Environmental Modifications/Assistive Technology/Private Vehicle Modifications
for Services billed to the DSN Board

Provider Agency:		
Address:		
City:	State:	Zip:
Contact Person:	Phone Number:	
Consumer's Name:	SSN # (Last 4):	
Modification Type & Description:		
Cost: \$	Date of Completion:	

PROVIDER CERTIFICATION: *The item listed on this form has been provided to the consumer named above as per the attached documentation.*

<i>Signature</i>	<i>Title</i>	<i>Date</i>

Please attach a copy of the following documentation:

1. Vendor's Invoice AFTER work is completed.
2. Check submitted to Contractor.
3. Completed Authorization for Service form.

This form and the documentation listed above MUST be submitted to SURB either through the RBC System or by U.S. Mail at SCDDSN Attn: SURB, 3440 Harden St. Ext., Columbia, SC 29203

<u>FOR DDSN/SURB USE ONLY</u> <i>This service has been billed to Medicaid.</i>	
Signature:	Date:

Section 10.6: HCB Waiver Respite Care Reporting and Billing Procedures

Respite services are personal care and assistance provided to consumers unable to care for themselves, and they are furnished on a short-term basis because of the absence of or need for relief by those who normally provide care. For more programmatic information, see DDSN's ID/RD and CSW Waiver Manuals located on DDSN's website (www.ddsn.sc.gov).

The **Statewide Respite Program** reporting and billing processes were initiated in March 2015. For participating providers, Fiscal Agents *Jasper County DSN Board* and the *Charles Lea Center* are responsible for reporting hourly respite services to DDSN on behalf of providers. After a consumer transitions to statewide respite, a monthly provision log will no longer print for them because STS has been updated to reflect the change to statewide respite. Reporting hourly respite services will now be done via timesheets prepared by the caregiver and forwarded to the designated Fiscal Agent. Effective January 1, 2021 all respite services for consumers that reside in the community payment will be handled between the Fiscal Agent and DDSN. The boards will no longer have any involvement other than they should be printing the report to verify that the individuals being paid are correct and the units are within the budget.

It is the responsibility of the DSN boards or private providers to review all reports to ensure that the billable units and consumers receiving these services are correct.

1. Procedures for Reporting and Billing of Respite ServicesA. Production of Individual Service Reports (ISRs)

Each month, Respite ISRs are generated from Service Tracking System (STS) data and printed according to case manager numbers. At the time of printing, if a consumer is shown on STS as being eligible to receive Institutional Respite (S13) or Hourly Respite (S46), an ISR will print. If no ISR generates for a consumer that you need to report services on, a blank ISR may be used. Blank ISRs are provided at the end of each print job.

ISRs for the next month's services are mailed out around the 25th of the month. To ensure the appropriate provider staff receives these ISRs, please complete a DDSN SPL/ISR Mailing Request Form (see Section 10.11: SPL/ISR Mailing Request Form Instructions) and forward it to DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203. The SPL/ISR Mailing Request form is available on the DDSN application portal. This form can also be uploaded through the DDSN Application Portal under Reporting and Billing Center (RBC).

B. Instructions for Completing Individual Service Reports (ISRs)

ISRs are divided into two parts. The left side is used for Non-Facility Based (Daily and Hourly) Respite, and the right side is used for Facility Based (Institutional) Respite (see example on page 10.6 p.4 of this section).

Record respite services under the appropriate section as follows:

- (1) Non-Facility Based – Hourly (S46): Respite was provided in a consumer's place of residence, foster home or private facility approved by the state (other than an ICF/IID).

For Hourly Respite, case managers should enter the date respite was provided first, followed by the beginning time and ending time of the service. If respite crosses from one calendar day to the next, record each day separately with the first day ending at 11:59 P.M. and the next day beginning at 12:00 A.M.

Example: Respite beginning at 7:00 PM on March 2nd and ending at 9:00 AM on March 4th would be recorded as follows:

3/02/XX	7:00 PM to 11:59 PM
3/03/XX	12:00 AM to 11:59 PM
3/04/XX	12:00 AM to 9:00 AM

- (2) Facility Based – Institutional (S13): Respite was provided on a daily basis in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) or in a DDSN Regional Center. The unit of service is one day when the consumer is present at midnight.

It is possible for a consumer to receive both non-facility-based and facility-based respite in one month. This type of service situation may be recorded on the same ISR, but make sure to complete the appropriate section as it applies.

If no respite service was provided during the month for a consumer, write “no service” in the comment section of the ISR. If a consumer is added during the month, a blank ISR should be used for recording respite services in the appropriate category and his or her name should be added to the Summary Report. Ensure that the Service Tracking System is updated to show eligibility for the service before adding.

Case managers should complete and sign each ISR. Case manager supervisors should complete and sign the Provider Summary Report that comes with the ISRs each month (see example on page 10.6 p.5 of this section). Under the “Service Rendered” column, write “yes” or “no” for services rendered.

C. Submission of the ISRs

At the end of each month, the case manager supervisor should forward the Summary Report and all supporting ISRs to DDSN for reimbursement. Refer to DDSN Finance Manual Chapter 10, Section 10.12: SPL/ISR Approval Signature Designation Form Instructions.

The original completed ISRs and signed Summary Report(s) should be mailed to **DDSN Finance Division, ATTN: SURB, 3440 Harden Street Ext., Columbia, South Carolina 29203**. Mailings must be post marked by the 5th working day of the subsequent month.

For providers who prefer to upload these documents electronically, submit by uploading the invoice to RBC for reimbursement. This data is what is used to bill Medicaid so promptness is critical. If the data is not received timely, the DSN board of private provider will wait for payment until the next month. Please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. Uploads should be done by the end of the 5th working day of the subsequent month.

If you choose to upload documents through RBC, please do not mail the originals.

2. Confidentiality of Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Examples of Respite ISR and Summary Report:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
HOME AND COMMUNITY BASED WAIVER
RESPIRE CARE

Individual Service Report

For: _____ (MONTH & YEAR)

Region: _____ Provider Name: _____
 Individual SS#: _____ Provider #:
 Medicaid #: _____ (Finance Manager) _____
 Case Manager #: _____ Individual Name: _____
 Case Manager Name (Please Print): _____
 Case Manager Signature: _____

Type Of Service: RESPITE CARE

Each service reported must be documented in Individual's File

[illegible]

Attn: Comments are required if no activity is rendered.

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
HOME AND COMMUNITY BASED WAIVER
RESPITE CARE

CASE MANAGER SUMMARY REPORT

For: _____ (MONTH & YEAR)

Region: _____ Provider Name: _____
Case Manager Name: _____ Provider #: _____
(Finance Mgr) _____
Case Manager #: _____

PG#	INDIVIDUAL NAME	Services Rendered Yes/No	DSN USE		
			NON- FACILITY BASED	FACILITY BASED	ISR RECYD
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____

I certify that services as reported per Individual Service Reports have been rendered and are properly documented in the individual's record.

CASE MANAGER SUPERVISOR SIGNATURE _____

I certify that services as reported per Individual Service Reports have been rendered and are properly documented in the individual's record.

DESIGNATED AUTHORIZED SIGNATURE _____

→→→ PLEASE MAIL THIS REPORT TO ←←←

SOUTH CAROLINA DEPT OF DISABILITIES AND SPECIAL NEEDS
FINANCE DIVISION
PO BOX 4706
COLUMBIA, SOUTH CAROLINA 29240

Section 10.7: Supervised Living Program I (SLP I) Reporting and Billing Procedures

Providers of SLP I services are required to complete and submit an Individual Service Report (ISR) monthly for each consumer they serve. For these billing purposes, there is no difference between waiver and non-waiver recipients.

1. Procedures for Reporting and Billing

A. Production of Individual Service Reports (ISRs)

SLP I Individual Service Reports (ISRs) are generated monthly from Service Tracking System (STS) data and printed by Financial Manager number. At the time of printing, if a consumer is shown on STS as having a residential service code of R01, an ISR will print. (See ISR example on page 10.7 p.3 of this section.)

ISRs for the next month's services are mailed out on or around the 25th. To ensure the correct staff receives them, please complete an SPL/ISR Mailing Request Form (see Section 10.11: SPL/ISR Mailing Request Form Instructions). Forward the Mailing Request form to **DDSN Finance Division, Attn: SURB, PO Box 4706, Columbia, SC 29240**.

B. Instructions for Completing Individual Service Reports (ISRs)

The date, hours and minutes of service rendered by the SLP I Coordinator for a consumer must be documented on an ISR.

ISRs must be completed during the month of service and submitted to DDSN **by the 5th working day of the subsequent month**. The appropriate supporting documentation must be placed in each consumer's record to support the service rendered. If no service is rendered during the month, write "no service" in the comment section of the space provided on the ISR. If a new consumer enters an SLP I during the month, a blank ISR may be used to record the consumer's information. The consumer should also be added to the Provider Summary Report.

A follow-up with the consumer's Case Manager should be initiated when an activity changes (such as starts or stops) to ensure that STS is updated quickly. After totaling the hours of service on each consumer's ISR, transfer each individual's information to the Provider Summary Report (see example on page 10.7 p.3 of this section). SLP I Coordinators must sign the ISRs certifying that services were rendered, and the Executive Director or his/her designee must sign the Provider Summary Report.

C. Submission of Individual Service Reports (ISRs)

At the end of each month, the SLP I coordinator should forward the Provider Summary Report and all supporting ISRs to their Executive Director (or designee) for approval. The signature certifies the reported activities are accurate. Providers should ensure that a Signature Designation form has been submitted to DDSN if another staff person is authorized to sign the ISRs in place of the Executive Director. (See Section 10.12: SPL/ISR Approval Signature Designation Form Instructions.)

Mail the original completed Individual Service Reports and signed Summary Reports to **DDSN Finance Division, ATTN: SURB, Post Office Box 4706, Columbia, South Carolina 29240. Mailings must be post marked by the 5th working day of the subsequent month.** If a provider prefers to upload these documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload these documents to RBC, please do not mail the originals.**

2. Confidentiality of Reporting Documents

Title II of HIPAA, known as the Administrative Simplification (AS) provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Pub.L. 104–191), required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers.

All DDSN providers are required to comply with all applicable standards, orders and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

SCDDSN Finance Manual
Chapter 10: Service Units Reporting and Billings (SURB)
Supervised Living Program I (SLP)
Reporting and Billing Procedures 10.7

Issue Date 7/01/17

Supersedes 9/01/13

SLP I ISR and Provider Summary Report Examples:

SUPERVISED LIVING PROGRAM I
INDIVIDUAL SERVICE REPORT - CONTRACTED SERVICE
FOR: JULY 2013
REGION - MIDLANDS REGION
FINANC MGR PROVIDER NUMBER AND NAME
NUMBER - 251-BABCOCK CENTER, INC.
PAID NUMBER - 123456
INDIVIDUAL SSN - XXX-XX-XXXX INDIVIDUAL NAME - Lastname, Firstname
MEDICAID # - 1234567890 PRIOR INSTITUTION - NO
SLP I COORDINATOR SIGNATURE: _____

EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS : MINS	DDSN USE	DATE OF SERVICE	TIME HRS : MINS	DDSN USE
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
/ /	: :		/ /	: :	
TOTAL:					

*COMMENTS: _____

*NOTE: COMMENTS ARE REQUIRED IF NO ACTIVITY IS RENDERED

THIS FORM IS TO BE SENT TO THE PROVIDER'S RESIDENTIAL DIRECTOR

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
SUPERVISED LIVING PROGRAM I
PROVIDER SUMMARY REPORT - CONTRACTED SERVICE
FOR: JULY 2013
REGION - MIDLANDS REGION
PROVIDER NO - 251 - FINANC MGR PROVIDER
PROVIDER NAME - BABCOCK CENTER, INC.

ISR PAGE#	INDIVIDUAL NAME	PAID #	SERVICES RENDERED	ISR RECEIVED
01	Lastname, Firstname	123456		

I CERTIFY THAT SERVICES ARE REPORTED PER INDIVIDUAL SERVICE REPORT HAVE BEEN RENDERED AND ARE PROPERLY DOCUMENTED IN THE INDIVIDUAL'S FILE.

DESIGNATED AUTHORIZED SIGNATURE: _____

**PLEASE MAIL THIS REPORT TO:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FINANCE DIVISION
P. O. BOX 4706
COLUMBIA, SOUTH CAROLINA 29240

Section 10.8: Case Notes Reporting and Billing Procedures for Case Management and Early Intervention Services

Providers of Case Management and Early Intervention services are required to document such activity provided to DDSN consumers as “Case Notes.” Case Notes is a module of Therap . In order to access Case Notes, users must have a valid Therap User Account and password with the appropriate security levels. For questions concerning access, contact the IT Helpdesk at 803-898-9767 or Helpdesk@ddsn.sc.gov.

1. Procedures for Case Note Entries

User credentials serve as a unique electronic signature for Case Note entries. Entries must be completed within the timeframe stated in the DDSN Program Standards.

2. Production of Invoices

On the evening of the 5th business day of the month following the month of service, invoices are generated from data pulled from the Case Notes System in Therap. The following morning, invoices may be accessed and printed using R2D2 (the Actuate Reporting System) on the DDSN Portal.

3. Submission of Invoices

Signed invoices are not required to be submitted to DDSN for payment. It is still the responsibility of each service provider to print and review their invoices for accuracy. This will serve as backup for the payments made. DDSN will process Early Intervention and Case Management invoices within 10 business days after they are made available. Payments for these invoices will appear by electronic transfer similar to the bimonthly payment schedules.

4. Confidentiality of Reporting Documents

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104–191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Section 10.10: HCB Waiver Caregiver Services Reporting and Billing Procedures

Caregiver services are supports provided for adults age 21 or older that are non-medical and generally address achievement of therapeutic goals or specific independent living activities as stated in a consumer's plan.

Caregiver services are billed under one of three service categories: Companion, Personal Care I, or Personal Care II.

1. DefinitionsA. Companion Services (This service is typically billed by DDSN)

Companion services are described as non-medical care, supervision, and socialization provided to an adult (age 21 or older). Companions may assist or supervise with tasks such as meal preparation, laundry, or shopping, but they don't perform these activities as a separate service. Companion services are provided in accordance with stated therapeutic goals or activities recorded in a consumer's plan.

Companion services are limited to a maximum of 112 units (28 hours per week). A unit of service is 15 minutes. When Companion services are authorized in conjunction with Adult Attendant Care and/or Personal Care II, the combined total units per week of services may not exceed 112. Unused units from one week cannot be banked (held in reserve) for use later on.

Please note: Consumers receiving Residential Habilitation may not receive Companion services through the ID/RD Waiver.

B. Personal Care Services (This service is typically direct-billed by an enrolled Medicaid Provider)

Personal care services are described as active, hands-on assistance in the performance of daily living activities as defined in a consumer's plan. This may include assistance with eating, bathing, dressing, toileting, transferring, maintaining continence, and ambulation. It may also include assistance with home safety, communication, medication monitoring, light housework, laundry, and shopping.

Personal care authorizations are given on two levels depending on the level of care needed. Following are definitions for Personal Care 1 and Personal Care 2 services:

1) Personal Care I (Direct-Billed)

Services are generally limited to home support activities such as assistance with meal preparation and household care.

Personal Care I is limited to a maximum of 24 units (6 hours) per week. A unit of service is 15 minutes.

2) Personal Care II (Direct-Billed)

Services are provided at a higher level based on assessed need and may include assistance with instrumental activities of daily living such as light housework, laundry, meal preparation, and shopping.

Personal Care II is limited to maximum of 112 units (28 hours) per week. A unit of service is 15 minutes. When Personal Care II is authorized in conjunction with Adult Companion or Attendant Care Services, the combined total units per week may not exceed 112. Unused units may not be banked (held in reserve) for use later on.

For more information on the above mentioned services, please see DDSN's ID/RD and CS Waiver Manuals located on the DDSN website www.ddsn.sc.gov under the Services area.

2. Procedures for Reporting and Billing of Companion Services

A. Production of Individual Service Reports (ISRs)

Caregiver ISRs are generated monthly from the Service Tracking System (STS) data and printed by Financial Manager number. At the time of printing, if a consumer is shown on STS as being eligible to receive Companion services (support service S29 or S67), a Caregiver ISR will print. If no ISR generates for a consumer that you need to have reported, a blank ISR may be used. Blank ISRs are provided at the end of each print job.

ISRs for the next month's services are mailed out on or around the 25th of the month. To ensure the appropriate staff receives these ISRs, please complete a DDSN SPL/ISR Mailing Request Form (see Section 10.11: SPL/ISR Mailing Request Form Instructions) and forward it to **DDSN Finance Division, Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203**. The SPL/ISR Mailing Request form is available on the DDSN application portal.

B. Instructions for Completing Caregiver Individual Service Reports (ISRs)

The date, hours, and minutes of service rendered by a caregiver for a consumer must be documented on an ISR. Caregiver ISRs contain two columns of rows. Each row represents a single day of the month. The cumulative amount of time that Companion services were provided to a consumer per day should be written next to the date field (see example on page 10.10 p.4 of this section.) Each completed ISR should be signed by the Case Manager.

ISRs should only contain services rendered during the current billing month. If no Caregiver services were provided in the current billing month, write "no service" in the comment section of the space provided on the ISR. If a new consumer enters the system during the month, a blank ISR may be used to record the consumer's information. The consumer's name should be added to the Provider Summary Report, and a follow-up with the consumer's Case Manager should be initiated when activity starts or stops to ensure that STS is updated quickly.

After totaling the hours of service on each consumer's ISR, transfer this information to the Provider Summary Report (see example on page 10.10 p.5 of this section). Under the "Services Rendered" column, write "yes" if services were rendered or "no" if services were not rendered.

C. Submission of the ISRs

At the end of each month, the Case Manager Supervisor or designee should sign the Caregiver Services Summary Report certifying that the reported activities are accurate.

All original completed Individual Service Reports and all signed Summary Reports should be uploaded through the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's portal for uploading confidential billing documents that go to the SURB area. If a provider mails the ISR's the remit to address is **DDSN Finance Division, ATTN: SURB, 3440 Harden Street Ext., Columbia, South Carolina 29203. Mailings must be post-marked by the 5th of the following month.**

If you choose to upload documents through RBC, please do not mail the originals.

2. Confidentiality of Reporting Documents

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104-191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

Caregiver Services ISR and Summary Report Examples:

CAREGIV SOUTH CAROLINA DEPARTMENT OF DISABILITIES & SPECIAL NEEDS PAGE: 1

CAREGIVER SERVICES
INDIVIDUAL SERVICE REPORT
COMPANION SERVICES - REGULAR
FOR MONTH / YEARFINANC MGR REGION: MIDLANDS
FINANC MGR PROVIDER:
260 FAIRFIELD DSN BD
PAID NUMBER: 123456INDIVIDUAL: Last Name, First Name
ID NUMBER: XXX-XX-XXXX
MEDICAID#: 1234567890

SERVICE COORDINATOR'S NAME: 1234 - First Name, Last Name

SERVICE COORDINATOR'S SIGNATURE: *Signature*TYPE OF SERVICE: COMPANION SERVICES (S67)
EACH SERVICE REPORTED MUST BE DOCUMENTED IN INDIVIDUAL'S FILE

DATE OF SERVICE	TIME HRS : MINS	DDSN USE	DATE OF SERVICE	TIME HRS : MINS	DDSN USE
7/1/13	5 : 00	5	7/1/13	5 : 00	5
7/2/13	5 : 00	5	7/2/13	5 : 00	5
7/3/13	5 : 00	5	7/3/13	5 : 00	5
7/8/13	5 : 00	5	7/8/13	5 : 00	5
7/9/13	5 : 00	5	7/9/13	5 : 00	5
7/10/13	5 : 00	5	7/10/13	5 : 00	5
7/15/13	5 : 00	5	7/15/13	5 : 00	5
7/16/13	5 : 00	5	7/16/13	5 : 00	5
7/17/13	5 : 00	5	7/17/13	5 : 00	5
7/22/13	5 : 00	5	7/22/13	5 : 00	5
7/23/13	5 : 00	5	7/23/13	5 : 00	5
7/24/13	5 : 00	5	7/24/13	5 : 00	5
7/25/13	5 : 00	5	7/25/13	5 : 00	5
7/26/13	5 : 00	5	7/26/13	5 : 00	5
7/27/13	5 : 00	5	7/27/13	5 : 00	5
7/28/13	5 : 00	5	7/28/13	5 : 00	5
7/29/13	5 : 00	5	7/29/13	5 : 00	5
7/30/13	5 : 00	5	7/30/13	5 : 00	5
7/31/13	5 : 00	5	7/31/13	5 : 00	5
TOTAL :			TOTAL :		

COMMENTS:

ATTN: COMMENTS ARE REQUIRED IF NO ACTIVITY IS ENTERED

Supersedes 7/01/17

Section 10.11: Service Provision Logs (SPLs)/Individual Service Reports (ISRs) Mailing Request Procedures

An SPL/ISR Mailing Request form should be used to notify SURB the names of staff who should receive printed SPLs or ISRs by mail. This form is available on the DDSN application portal (see 10.11. p.2 for an example).

Complete the top portion with your provider name and the date of request. Complete the rest of the form as follows:

First Column:

Provide the type of log you are to receive and the program/facility name. For example, Service Provision Logs, Evergreen, CTH I.

Second Column:

Provide the name and mailing address of the staff person who should receive the documents.

Third Column:

1. Provide the name of the Program Director on the first line. If a provider does not have a Program Director, the request must be made by the Executive Director.
2. Provide the requester's title on the second line.
3. A signature is required on the third line.

This one sheet may be used for up to four separate requests. Forms may be uploaded through the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. If a provider mails the form, please remit to: **DDSN Attn: SURB, 3440 Harden Street Ext., Columbia, SC 29203. If you choose to upload documents through RBC, please do not mail the original(s).**

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
Service Units Reporting and Billing (SURB)
SPL/ISR MAILING REQUEST FORM

+	Provider: 	Date of Request:
---	--	---

Document Type,
Program/Facility

Name/Address
SPL/ISR Request

Requested By: Your
Name, Title & Signature

1)

2)

3)

4)

Mail completed form to:

SC Department of Disabilities and Special Needs
ATTN: SURB
P. O. Box 4706
Columbia, SC 29240

SCDDSN USE ONLY
 Address file updated:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES
AND SPECIAL NEEDS

SPL/ISR MAILING REQUEST FORM

Provider: _____ **Date of Request:** _____

Document Type, <u>Program/Facility</u>	Name/Address of <u>SPL/ISR Recipient</u>	Requested By: Your <u>Name, Title & Signature</u>
1)		
2)		
3)		
4)		

Mail completed form to:

SC Department of Disabilities and Special Needs
ATTN: SURB
P. O. Box 4706
Columbia, SC 29240

SCDDSN USE ONLY
Address file updated:

SOUTH CAROLINA DEPARTMENT OF DISABILITIES
& SPECIAL NEEDS

**SPL/ISR APPROVAL SIGNATURE
DESIGNATION FORM**

Provider: _____ **Date of Request:** _____

DOCUMENT TYPE PROGRAM/FACILITY	AUTHORIZED SIGNATURE (Name, Title, Signature)	REQUESTED BY (Your Name, Title, Signature)
1.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
2.		
_____	_____	_____
_____	_____	_____
_____	_____	_____
3.		
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail completed form to: **SC Department of Disabilities and Special Needs**
ATTN: SURB
3440 Harden Street Ext.,
Columbia, SC 29203

Section 10.13: Service Error Correction Form (SECF) Procedures

Occasionally, an error in reporting services will occur. These errors may be found through a variety of means. **If a service was rendered but not reported, do not use a Service Error Correction Form to report the service.** In this case, the service should be reported as normal using the current applicable reporting method. In some cases, this will mean manually creating a reporting document. Most reporting forms are available on the DDSN application portal under Business Tools >Forms >Finance Manual Chapter 10.

Following are some examples of circumstances which would require completion and submission of a SECF:

- The consumer's plan was out of date.
- The Level of Care (LOC) was out of date.
- The service was not properly documented
- The reported service was not authorized.
- No Vocational Rehab letter was available for supported employment.
- The service was provided but it was an inappropriate service and should not have been reported.
- The reported service was not delivered.
- The reported service was fraudulent.

If it is found that a rendered service was erroneously reported, a correction should be requested using a SECF. You may only enter one consumer and one service per form. (For examples of completed SECF, please see pages 10.13 p.3 - 10.13 p.6.) For audit purposes, make a copy of each SECF to place in the appropriate consumer's record and attach a copy to the original reporting document.

1. SECF Instructions

- a) Pull the original reporting document to verify the correct document, names, and numbers.
- b) Enter the document code for the reporting document that is to be corrected using the codes supplied in the first section of the form. For example, if a Respite ISR needs correction, enter the code "REISR" on the line provided.
- c) Enter the provider name and provider number in the spaces provided.
- d) Enter the name of the staff person who originally reported the service and their case load number, when applicable.
- e) Enter the name and **last four digits** of the consumer's social security number for whom services were reported in error, followed by the consumer's Medicaid number.
Reminder: Enter one name and one service per form.
- f) Enter the date(s) of service for the document code entered at the top of the form. Extra spaces are provided on page 2, if needed.

g) Enter the reason code using the codes printed at the bottom left side of the form.

Note: For reason code “9” a full explanation of the error is required.

h) Enter the found-by code using the codes printed at the bottom right side of the form.

i) Enter the date the form was completed.

j) Obtain the signature of either the executive director or his/her designated employee who has been given signature authority. (See Section 10.12: SPL/ISR Approval Signature Designation.)

2. Submission of the SECF

Completed SECF should be uploaded to the Reporting and Billing Center (RBC) located in the DDSN Application Portal. RBC is a secure system on DDSN’s application portal for uploading confidential billing documents that go to SURB. The mailing address is: **DDSN, ATTN: SURB, 3440 Harden Street Ext., Columbia, South Carolina 29203**. Errors reported to Central Office will be reviewed to determine if refund of a Medicaid payment is needed. If a refund is necessary, SURB will coordinate the refund with DHHS.

If you choose to upload documents through RBC, please do not mail the originals.

Chapter 10: Service Units Reporting and Billings (SURB)

Service Error Correction Form (SECF) Procedures 10.13

Supersedes 7/01/17

Early Intervention SECF Example

<i>SC Department of Disabilities & Special Needs Post Office Box 4706 Columbia, South Carolina 29240</i>					
SERVICE ERROR CORRECTION FORM					
This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of SURB Division, DDSN Central Office Finance.					
ONE CONSUMER AND ONE SERVICE PER SECF					
ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: <u>EIISR</u>					
Case Management	SPL's	[SCSPL]	Residential	[RESID]	
Early Intervention ISR's		[EIISR]	SLPI	[SLPII, CTHI, CTHII or CRCF]	
Day Program (Adult)		[AROLL]	Day Program (Child)	[CROLL]	
Respite ISR's		[REISR]	Rehabilitation	[REHAB]	
Job Coach ISR's		[JCISR]	Caregiver Services	[CRGVR]	
HASCI		[HASCI]			
PROVIDER NAME: <u>LOWCOUNTRY DSN</u>			PROVIDER NUMBER: <u>XXX</u>		
RESPONSIBLE STAFF INITIALLY REPORTING SERVICE: <u>MARY COORDINATOR</u>			CASE LOAD NUMBER: <u>XXXX</u>		
CONSUMER'S NAME: <u>MARY CONSUMER</u> CONSUMER'S SSN: <u>XXX-XX-XXXX</u> CONSUMER'S MEDICAID NUMBER (IF KNOWN): <u>XXXXXXXXXX</u>					
THE FOLLOWING SERVICES WERE REPORTED IN ERROR: <i>(Use page 2 to record more dates of service)</i>					
DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
<u>12/31/05</u>	<u>9</u>	<u>1</u>	<u>01/15/06</u>	<u>3</u>	<u>1</u>
<u>/ /</u>			<u>/ /</u>		
<u>/ /</u>			<u>/ /</u>		
<u>/ /</u>			<u>/ /</u>		
Reason Codes: 1. Plan out of date 2. Level of Care (LOC) out of date 3. Service not documented in plan 4. No VR letter available for supported employment 5. No medical necessity statement for Rehab Supports 6. Service was provided but was inappropriate and should not have been reported 7. No service was delivered 8. A service was indicated through fraud 9. Other (explain below: wrong service, over-reported, wrong date, etc.)			Found By Codes: 1. Responsible staff person who initially completed the original report 2. Supervisor Review 3. District/Central Office Review		
SC REPORTED AS 1HR 15MINS S/B SC 1HR					
NOTE: WHEN REPORTING NO SERVICE RENDERED NOTE WHICH SERVICE OR ALL SERVICES RENDERED ON DATE <i>(If more room is needed, please use comments section on page 2.)</i>					
<u>10/31/06</u> DATE			<u>Suzy Smith</u> SUPERVISOR SIGNATURE		

Chapter 10: Service Units Reporting and Billings (SURB)

Service Error Correction Form (SECF) Procedures 10.13

Supersedes 7/01/17

Case Management SECF Example:

<i>SC Department of Disabilities & Special Needs Post Office Box 4706 Columbia, South Carolina 29240</i>					
SERVICE ERROR CORRECTION FORM					
This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of SURB Division, DDSN Central Office Finance.					
ONE CONSUMER AND ONE SERVICE PER SECF					
ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: <u>SCSPL</u>					
Case Management	SPL's	[SCSPL]	Residential	[RESID]	
Early Intervention	ISR's	[EISR]	SLPI	[SLPII, CTHI, CTHII or CRCF]	
Day Program (Adult)		[AROLL]	Day Program (Child)	[CROLL]	
Respite ISR's		[REISR]	Rehabilitation	[REHAB]	
Job Coach ISR's		[JCISR]	Caregiver Services	[CRGVR]	
HASCI		[HASCI]			
PROVIDER NAME: <u>LOWCOUNTRY DSN</u>			PROVIDER NUMBER: <u>XXX</u>		
RESPONSIBLE STAFF INITIALLY REPORTING SERVICE: <u>MARY COORDINATOR</u>			CASE LOAD NUMBER: <u>XXXX</u>		
CONSUMER'S NAME: <u>MARY CONSUMER</u>			CONSUMER'S SSN: <u>XXX-XX-XXXX</u>		
CONSUMER'S MEDICAID NUMBER (IF KNOWN): <u>XXXXXXXXXX</u>					
THE FOLLOWING SERVICES WERE REPORTED IN ERROR: <i>(Use page 2 to record more dates of service)</i>					
DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
<u>12/31/05</u>	<u>9</u>	<u>1</u>	<u>/ /</u>		
<u>/ /</u>			<u>/ /</u>		
<u>/ /</u>			<u>/ /</u>		
<u>/ /</u>			<u>/ /</u>		
Reason Codes: 1. Plan out of date 2. Level of Care (LOC) out of date 3. Service not documented in plan 4. No VR letter available for supported employment 5. No medical necessity statement for Rehab Supports 6. Service was provided but was inappropriate and should not have been reported 7. No service was delivered 8. A service was indicated through fraud 9. Other (explain below: wrong service, over-reported, wrong date, etc.)			Found By Codes: 1. Responsible staff person who initially completed the original report 2. Supervisor Review 3. District/Central Office Review		
SERVICE REPORTED AS PRIMARY S/B CONCURRENT					
<i>(If more room is needed, please use comments section on page 2.)</i>					
<u>10/31/06</u> DATE			<u>Suzy Smith</u> SUPERVISOR SIGNATURE		

Chapter 10: Service Units Reporting and Billings (SURB)

Service Error Correction Form (SECF) Procedures 10.13

Supersedes 7/01/17

Day Service SECF Example:

<i>SC Department of Disabilities & Special Needs Post Office Box 4706 Columbia, South Carolina 29240</i>																															
SERVICE ERROR CORRECTION FORM																															
This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of SURB Division, DDSN Central Office Finance.																															
ONE CONSUMER AND ONE SERVICE PER SECF																															
ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: <u>AROLL</u>																															
Case Management SPL's [SCSPL] Early Intervention ISR's [EISR] Day Program (Adult) [AROLL] Respite ISR's [REISR] Job Coach ISR's [JCISR] HASCI [HACI]	Residential [RESID] SLPI [SLPII, CTHI, CTHII or CRCF] Day Program (Child) [CROLL] Rehabilitation [REHAB] Caregiver Services [CRGVR]																														
PROVIDER NAME: <u>LOWCOUNTY DSN</u>	PROVIDER NUMBER: <u>XXX</u>																														
RESPONSIBLE STAFF INITIALLY REPORTING SERVICE: <u>MARY COORDINATOR</u>	CASE LOAD NUMBER: <u>XXXX</u>																														
CONSUMER'S NAME: <u>MARY CONSUMER</u> CONSUMER'S SSN: <u>XXX-XX-XXXX</u> CONSUMER'S MEDICAID NUMBER (IF KNOWN): <u>XXXXXXXXXX</u>																															
THE FOLLOWING SERVICES WERE REPORTED IN ERROR: <i>(Use page 2 to record more dates of service)</i>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DATE OF SERVICE</th> <th>REASON CODE</th> <th>FOUND BY CODE</th> </tr> </thead> <tbody> <tr> <td><u>01/01/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> <tr> <td><u>01/03/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> <tr> <td><u>01/05/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> <tr> <td><u>01/07/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> </tbody> </table>	DATE OF SERVICE	REASON CODE	FOUND BY CODE	<u>01/01/05</u>	<u>9</u>	<u>1</u>	<u>01/03/05</u>	<u>9</u>	<u>1</u>	<u>01/05/05</u>	<u>9</u>	<u>1</u>	<u>01/07/05</u>	<u>9</u>	<u>1</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>DATE OF SERVICE</th> <th>REASON CODE</th> <th>FOUND BY CODE</th> </tr> </thead> <tbody> <tr> <td><u>01/02/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> <tr> <td><u>01/04/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> <tr> <td><u>01/06/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> <tr> <td><u>01/08/05</u></td> <td><u>9</u></td> <td><u>1</u></td> </tr> </tbody> </table>	DATE OF SERVICE	REASON CODE	FOUND BY CODE	<u>01/02/05</u>	<u>9</u>	<u>1</u>	<u>01/04/05</u>	<u>9</u>	<u>1</u>	<u>01/06/05</u>	<u>9</u>	<u>1</u>	<u>01/08/05</u>	<u>9</u>	<u>1</u>
DATE OF SERVICE	REASON CODE	FOUND BY CODE																													
<u>01/01/05</u>	<u>9</u>	<u>1</u>																													
<u>01/03/05</u>	<u>9</u>	<u>1</u>																													
<u>01/05/05</u>	<u>9</u>	<u>1</u>																													
<u>01/07/05</u>	<u>9</u>	<u>1</u>																													
DATE OF SERVICE	REASON CODE	FOUND BY CODE																													
<u>01/02/05</u>	<u>9</u>	<u>1</u>																													
<u>01/04/05</u>	<u>9</u>	<u>1</u>																													
<u>01/06/05</u>	<u>9</u>	<u>1</u>																													
<u>01/08/05</u>	<u>9</u>	<u>1</u>																													
Reason Codes: 1. Plan out of date 2. Level of Care (LOC) out of date 3. Service not documented in plan 4. No VR letter available for supported employment 5. No medical necessity statement for Rehab Supports 6. Service was provided but was inappropriate and should not have been reported 7. No service was delivered 8. A service was indicated through fraud 9. Other (explain below: wrong service, over-reported, wrong date, etc.)	Found By Codes: 1. Responsible staff person who initially completed the original report 2. Supervisor Review 3. District/Central Office Review																														
<u>SERVICE DELIVERED ACT-PVC/FUNDING-STATE</u>																															
<i>(If more room is needed, please use comments section on page 2.)</i>																															
DATE _____	SUPERVISOR SIGNATURE _____																														

SCDDSN Finance Manual
Chapter 10: Service Units Reporting and Billings (SURB)
Service Error Correction Form (SECF) Procedures 10.13

Issue Date 1/17/21

Supersedes 7/01/17

Day Service SECF Example, Page 2:

SC Department of Disabilities & Special Needs

SERVICE ERROR CORRECTION FORM (Continued)

CONSUMER'S NAME: **MARY CONSUMER** CONSUMER'S SSN: **XXX-XX-XXXX**

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
01/09/05	9	1	01/10/05	9	1
01/11/05	9	1	01/12/05	9	1
/ /			/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		
/ /			/ /		

ADDITIONAL COMMENTS:

10/31/06

DATE

Suzy Smith

SUPERVISOR SIGNATURE

Page 2 of 2

Section 10.16: Financial Managers and Reporting Documents Procedures

DDSN distributes funding for a majority of its services through the use of Financial Managers. Funding for services is sent to a consumer's financial manager regardless of what entity will actually be providing services. It is the Financial Manager's responsibility to utilize available funds to meet the needs of consumers based on their assessed needs, appropriately justified in their approved plans. Also, Financial Managers are required to inform DDSN when funds are not available to address consumers' identified needs. All expenditures of DDSN funds should be done in accordance with DDSN Departmental Directive 250-10-DD: Funding for Services.

1. DefinitionsA. Financial Manager

A financial manager is a DSN Board, Qualified Provider or a Self-Directed Support Corporation (SDSC) designated to receive funding for a consumer and the reporting documents used to report delivered services back to DDSN. Babcock Center, Charles Lea Center and Berkeley Citizens, Inc. are contracted entities and are considered DSN Boards for the purpose of assigning Financial Managers.

B. Service Provider

A service provider is the entity that delivers services to consumers. Service providers are grouped into three categories based on the type of contract under which they provide services:

- (1) Regular/Contract: The service provider is the Financial Manager. Services are provided under a capitated services contract agreement between the provider and DDSN.
- (2) Other DSN Board/Subcontract: The service provider is a DSN Board that is not the Financial Manager. Services are provided under a subcontract agreement between the Financial Manager and the service provider.
- (3) Qualified Provider/Subcontract: The service provider is a Qualified Provider that is a private entity approved through the State Medicaid Agency's Service Provider Enrollment process. Services are provided through a subcontract agreement between the Financial Manager and the Qualified Provider.

C. DSN Boards

1. Capitated Services

Capitated services are person-centered services and supports funded through a budgeting model that assigns one of nine different funding levels to consumers based on their documented needs. Capitated services requiring the submission of reporting documentation include:

- a. Residential Habilitation (RESLOGS-Census Logs) or SLP I (Paper Logs)
- b. Day Services including Job Coach (DSAL-Roll Books)
- c. Case Management for consumers with a Funding Band (Service Notes Module of CDSS)
- d. Respite Services (Paper Log-Individual Service Reports/ISRs)
- e. Companion Services (Paper Log-Individual Service Reports/ISRs)

2. Non-Capitated Services

Non-capitated services are person-centered specific services not provided under capitated services for which a Financial Manager is paid directly as opposed to being paid for as a group of services (i.e. band payment). Non-capitated services requiring reporting documentation include:

- a. Early Intervention (Service Notes Module of CDSS)
- b. Case Management for consumers without a funding band (Service Notes Module of CDSS)

D. Qualified Providers

Qualified Provider services are person-centered services and supports funded through payments to Qualified Providers acting as Financial Managers. These services are reported after they have been performed and the Qualified Provider is reimbursed for the services according to published rate schedules in place at the time the service is provided. Qualified Providers services requiring the submission of reporting documentation include:

1. Residential Habilitation (RESLOGS-Census Logs) or SLP I (Paper Log – Individual Service Reports (ISRs).
2. Day Services including Supported Employment (DSAL)
3. Early Intervention/Case Management for Consumers (Therap)
4. Respite Services (Paper Log – Individual Service Reports (ISRs)
5. Companion Services (Paper Log – Individual Service Reports (ISRs)

2. Assignment of a Financial Manager

A. General Guidelines

At initial intake, the Financial Manager for a consumer is established along with his or her Home-Board, which is generally in the consumer's county of residence.

1. For Consumers receiving Capitated Services (i.e. Services in a Funding Band): the DSN Board designated to receive the funding band payment for a consumer is assigned as the Financial Manager. Generally, consumers receiving capitated services include those living in residences operated by a DSN Board and consumers receiving Day Supports (up to the number of approved contract slots).
2. For Consumers receiving Non-Capitated Services (i.e. Specific Services not in a Funding Band): the DSN Board in the consumer's county of residence is initially assigned as both the Home-Board and the Financial Manager.
3. For Consumers receiving Services through a Qualified Provider Financial Manager: Consumers may choose a Qualified Provider to act as their Financial Manager. The DSN Board in the consumer's county of residence will be assigned as their Home-Board.

B. Change in Assignment of Financial Manager

If a consumer moves to another county, the Home-Board and Financial Manager automatically change in CDSS to the DSN Board in his/her new county of residence. However, the Financial Manager will not change if (1) the consumer's Home-Board and Financial Manager were not the same when the move occurred or (2) if the beginning dates for the current Home-Board and Financial Manager were not the same.

If the Financial Manager designation is not correct, the Case Manager/Early Interventionist must request a correction unless one of the following has occurred: (1) a consumer specifically chose another DSN Board to be his or her Financial Manager or (2) the consumer receives HASCI services (HASCI Case Managers are assigned to regions and consequently are not based in every county provider office). Corrections to CDSS may be initiated through contact with the Cost Analysis Division. Aside from the above mentioned instances, generally the Home-Board and Financial Manager will be the consumer's county of residence.

Example: Joe is moving from Acorn County to Beet County. His Home-Board at the time of his move is Acorn. After his transfer to Beet County, his Home-Board and his Financial Manager are shown as Beet County, but Joe chooses Grain County to be his Financial Manager instead. In that case, Grain County would be Joe's Financial Manager and Beet County would be his Home-Board.

3. Financial Manager Responsibilities

A. Reporting Services

The Financial Manager is responsible for reporting all services that are provided to a consumer. That means completing the necessary reporting documents and submitting them to DDSN. The Financial Manager is responsible for reporting both services provided by them and the services provided by a subcontracted DSN Board or Qualified Provider. The Financial Manager must maintain an accounting system (and the supporting fiscal records

by service) that is adequate enough to ensure that claims are in accordance with all applicable laws, regulations, and policies.

B. Contracting for Services

Consumers may receive services from their Financial Manager or they may request to receive services from another DSN Board or other Qualified Provider. Consumers have a choice of providers that includes: 1) another DSN Board, 2) a DDSN contracted entity which operates as a DSN Board or 3) a Qualified Provider from the Qualified Provider List (QPL). When a consumer selects a provider other than his or her own Home Board/Financial Manager, arrangements should be made through a sub-contractual agreement between the Financial Manager and the service provider (i.e., another DSN Board or Qualified Provider).

4. Service Reporting Documents

A. Submission of Reporting Documents

It is the responsibility of the rendering service provider to complete all necessary reporting documents and submit them to DDSN according to the stated schedule. Hard copy documents should be mailed to: **DDSN, Attn: SURB, PO Box 4706, Columbia, SC, 29240.**

For providers who prefer to upload billing documents electronically, please contact SURB about obtaining access to the Reporting and Billing Center (RBC). RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.**

1. Regular/Contract – The Financial Manager is providing the service. All reporting documents should be submitted on-line by the 5th business day of the month.
2. Other DSN Boards/Subcontract – The Financial Manager has a subcontract with another DSN Board to provide service. All reporting documents for services delivered must be postmarked by the 20th of the month.
3. Qualified Providers/Subcontract – The Financial Manager has a subcontract with a Qualified Provider to provide service. All reporting documents must be postmarked by the 20th of the month.

B. Exceptions for Case Management and Early Intervention

Case Management and Early Intervention services are entered on-line through a CDSS Module called "Service Notes." Each DSN Board or Qualified Provider providing these services is responsible for completion and submission of service notes. (See Section 10.8: Service Notes Reporting and Billing Procedures for Case Management and Early Intervention.)

C. Service Reporting Documents Cross-Reference

Detailed procedures for completing DDSN's service reporting documentation may be found in the Finance Manual sections as listed below:

Finance Manual Chapter 10	
Section 10.1 – Residential Services Reporting and Billing Procedures for RESLOG (formerly Census Tracking)	Residential Habilitation
Section 10.2 – Day Services Reporting and Billing Procedures for DSAL	Day Supports to include Supported Employment Services
Section 10.6 – HCB Waiver Respite Care Reporting and Billing Procedures	Respite Care
Section 10.7 – Supervised Living Program (SLP) I Reporting and Billing Procedures	Supervised Living Program I (SLP I)
Section 10.8 – Service Notes Reporting and Billing Procedures for Case Management and Early Intervention Services	Case Management and Early Intervention
Section 10.10 – HCB Waiver Caregiver Services Reporting and Billing Procedures	HCB Waiver Caregivers

Section 10.18: Waiver Credit Report Procedures

Payments to providers are based on capitated funding for residential consumers and payments for non-residential consumers are paid through fee for service. Full waiver budgets, including direct-billed and board-billed services, are used to calculate funding levels. Because funding bands are calculated using full services, DDSN avoids paying for the same services twice (once to the Providers and again to DHHS) by recovering from the Providers the amount processed through the Medicaid Management Information System (MMIS) for enhanced Waiver services. MMIS is the system used to process South Carolina Medicaid payments.

1. The Waiver Credit Report Process

DDSN receives a file each month from the South Carolina Department of Health and Human Services (DHHS) containing all services paid by Medicaid during the prior month for consumers enrolled in the ID/RD, CS, and HASCI Waivers. From this file, direct-billed Waiver services for residential consumers are extracted. This information is segregated by Financial Manager reflecting the calculated total amount for each Provider. A credit adjustment is processed through DDSN Accounts Payable for the amount calculated.

Providers have access to the DDSN application portal and may run Waiver Credit Reports using the Actuate Reporting Application (R2D2). Instructions for running a Waiver Credit Report for your Organization follow on pages 10.18 p.2 through 10.18 p.5.

2. Running a Waiver Credit Report:

Access the DDSN application portal at https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp and select the R2D2 Actuate Reporting Application. When the welcome screen appears (like the one below), click on “[Click here to view reports](#)” near the top of the page. (If you are unable to see R2D2 on the Application Portal, please contact the DDSN Help Desk at 803-898-9767 or email them at helpdesk@ddsn.sc.gov).

SC Department of Disabilities & Special Needs
DDSN Application Portal
Application Listing

Therap
For news and information on the implementation of Therap in South Carolina, please visit <http://www.therapservices.net/south-carolina/>

For all assistance including with Therap email Helpdesk@ddsn.sc.gov or call DDSN Helpdesk at (803) 898-9767

Srv Notes must be completed by 6:00 PM on the 5th working day of the month! (NEW)
Users have until 6:00 PM on the 5th working day of the month to complete service notes (WCM, MTCH, EI) for processing in the current cycle.

WAIVER PROVIDERS - WAIVER CREDIT REPORT available on 1/7/21
WAIVER PROVIDERS - WAIVER CREDIT REPORT

DDSN Web Application Listing

CDSS	The Consumer Data Support System allows users to maintain Screening, Intake, and Eligibility information for DDSN consumers.
DSAL/RESLOG	Allows reporting of service information for their consumers in Day Supports and Residential services.
BBC	Various billing-related functionalities.
IMS	Incident Management System
JEDI	The Java Enterprise Directory Interface allows users to update their basic information (phone, address, etc.) and change passwords. This application is also used to control access to all secured DDSN web applications.
Genetics Billing	Application for all genetics-related billing.
R2D2	Actuate Reporting Application
Service Mgmt.	Services Management
SPM	Service Provider Management
QE	Quality Enhancement

DDSN Legacy Applications

Mainframe (Rumba) Click here to access the following applications: STS, PSS, WVR, SECURITY, and GTS

External DDSN Resources

Business Tools The Business Tools site provides access to DDSN training tools and various forms.

[Log Off](#)

South Carolina Department of Disabilities and Special Needs
User: tgrant1

Welcome to R2D2.
[Click here to view reports.](#)

News and Notifications

• **IMPORTANT MESSAGE ON PRINTING REPORTS:** To **print reports** through this application, you must have Adobe Acrobat Reader. If you do not have that software on your computer, you will need to download and install Adobe Acrobat Reader from the Adobe website. You may use the link below to help get you started.

• **IMPORTANT MESSAGE ON MAILING LABELS:** We support the following **Avery** labels:

- 5260
- 5610
- 5160
- 5960

These labels are all 1" x 2 5/8" - 3 across and 10 down for 30 per sheet.

In order for the labels to print properly, the Page Scaling option in the print dialogue should be set to "None".

When reporting problems to the helpdesk, please be as specific as possible. Where relevant, try to answer questions such as:

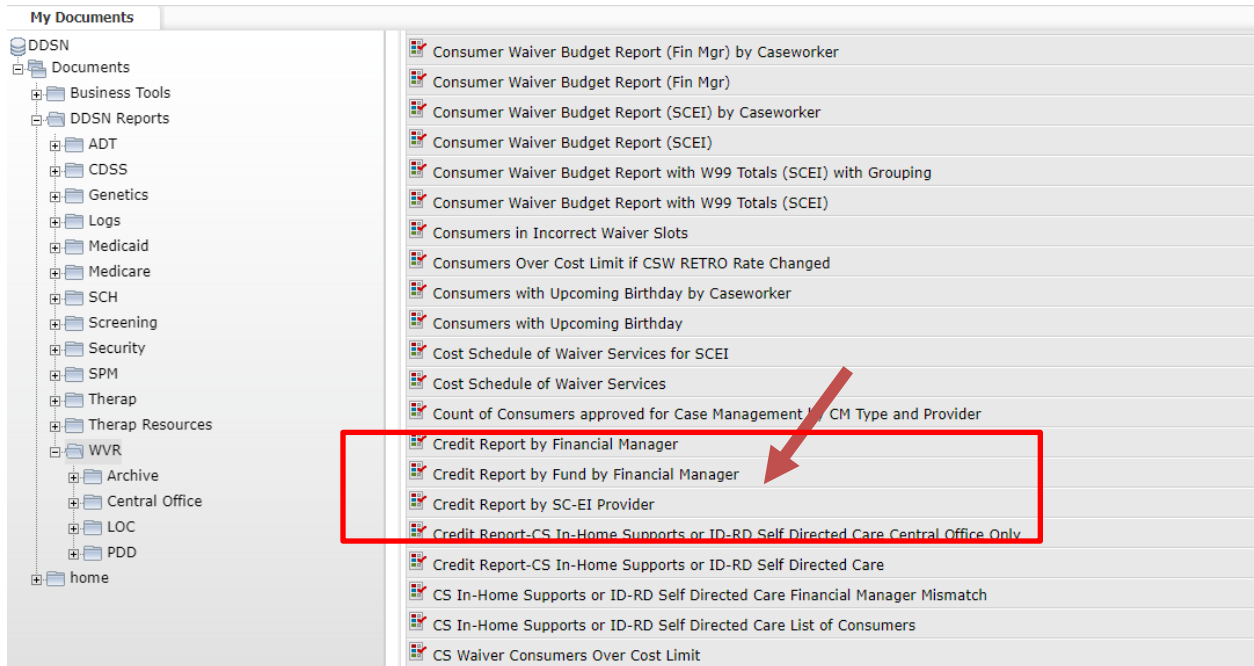
- **What is your contact information (name, work location, phone number and/or email address)?**
- What is your user ID (or IDs, if appropriate)?
- What roles do you fill (SCJEL, screener, supervisor, etc...)?
- What report were you trying to run/view?
- What functionality were you on?
- What data did you enter?
- If you got any error messages, what were they?
- Was there anything else unusual going on?

Providing this kind of information will go a long way towards helping us help you.

- helpdesk

After clicking to expand the DDSN Reports folder on the left side of the screen, click on the WVR folder and a list of available reports will appear on the right side of your screen. (Users will need to scroll down to see all available reports.)

There are two main reports Providers need for Waiver Credit purposes. They are 1) the “Credit Report by Financial Manager” and 2) the “Credit Report by SC-EI Provider”.



After clicking on report, you want to run, a fill-in box like the one shown below will open. Enter the required parameters. The following selections should be chosen for each parameter:

- 1) Assistive Technology > \$1,000
 - a. Choose “Exclude” if running a report of charges recouped for residential consumers.
 - b. Choose “Include” if you are running a report of all charges to complete a quality review of services authorized.
- 2) Consumer Type
 - a. “Excl PCA for under 21 & All Nursing Srv” if running a report of charges recouped for residential consumers.
 - b. “Excl PCA for under 21” if running a report of all charges to complete a quality review of services authorized.
- 3) Type Report
 - a. “Detail and Summary Report” if needing a detailed report of each service billed for each consumer.
 - b. “Summary Only” if needing just a total amount of services billed.
- 4) Report Month – enter the month of the credit report. See 10.18 p. 6 for details to determine month needed.
- 5) Report Year – enter the year coinciding with the month entered. Note this is not the fiscal year date, but rather the year of the actual month the report is run for.
- 6) Type of Waiver – select which Waiver you would like a report for.
- 7) Residential Status for ID/RD only – select the consumers you want reflected in your report.

Click “finish” to generate the report.

Parameters

1-Required Parameters

Assistive Technology > \$1000

Consumer Type

Type Report

Report Month

Report Year

Type Waiver

2-Optional Parameters

Fund Type

Medicaid#

Procedure Code

Financial Manager

Residential Status for ID/RD only

Exclude

Excl PCA for under 21 & All Nursing Srv

Detail & Summary Report

December

2020

ID/RD

ID/RD Consumers (Residential)

Cancel Back Next Finish

The requested report will open on your screen. You can print or download the report in a variety of formats. Below is an example of the “Credit Report by Financial Manager”.

SC Department of Disabilities and Special Needs												
ID/RD Waiver Credit Detail Report By Financial Manager for January, 2020												
For Non-DDSN Providers (Excludes Assistive Technology > \$1000 - X1916, T2029)												
Excludes PCA for Under 21 & All Nursing Services												
Prov: [REDACTED]												
Type	Fund	Service Date	Medicare Part	Under 21	W99 Last Name	Medicaid#	El	Proc	Mod	Units	Amount	Indiv Prov Group
Cit ID: XXX-XX-1884												
VF		1/14/2020	M		[REDACTED]	[REDACTED]	I	T1019	000	20.000	92	EN1004 EN1004
VF		1/15/2020	M		[REDACTED]	[REDACTED]	I	T1019	000	8.000	36.8	EN1004 EN1004
VF		1/16/2020	M		[REDACTED]	[REDACTED]	I	T1019	000	8.000	36.8	EN1004 EN1004
VF		1/17/2020	M		[REDACTED]	[REDACTED]	I	T1019	000	20.000	92	EN1004 EN1004
VF		1/18/2020	M		[REDACTED]	[REDACTED]	I	T1019	000	16.000	73.6	EN1004 EN1004
Fund Totals For VF										560.000	2,576.00	
Client Totals For [REDACTED]										560.000	2,576.00	
Cit ID: XXX-XX-9761												
VF		12/20/2019	<21		[REDACTED]	[REDACTED]	D	X6985	000	8.000	101.52	EN1004 EN1004
VF		12/21/2019	<21		[REDACTED]	[REDACTED]	D	X6985	000	4.000	50.76	EN1004 EN1004
VF		12/27/2019	<21		[REDACTED]	[REDACTED]	D	X6985	000	4.000	50.76	EN1004 EN1004
VF		12/28/2019	<21		[REDACTED]	[REDACTED]	D	X6985	000	8.000	101.52	EN1004 EN1004
VF		1/2/2020	<21		[REDACTED]	[REDACTED]	D	X6985	000	4.000	50.76	EN1004 EN1004
VF		1/3/2020	<21		[REDACTED]	[REDACTED]	D	X6985	000	8.000	101.52	EN1004 EN1004
VF		1/9/2020	<21		[REDACTED]	[REDACTED]	D	X6985	000	4.000	50.76	EN1004 EN1004
VF		1/10/2020	<21		[REDACTED]	[REDACTED]	D	X6985	000	8.000	101.52	EN1004 EN1004
VF		1/17/2020	<21		[REDACTED]	[REDACTED]	D	X6985	000	8.000	101.52	EN1004 EN1004
VF		1/18/2020	<21		[REDACTED]	[REDACTED]	D	X6985	000	4.000	50.76	EN1004 EN1004
Fund Totals For VF										60.000	761.40	
Client Totals For [REDACTED]										60.000	761.40	
Cit ID: XXX-XX-9404												
KJ		12/20/2019	M		[REDACTED]	[REDACTED]	R	V2020	000	1.000	50	D08258 D08258
KJ		12/20/2019	M		[REDACTED]	[REDACTED]	R	V2207	000	2.000	31	D08258 D08258
KJ		12/20/2019	M		[REDACTED]	[REDACTED]	R	V2784	000	2.000	40	D08258 D08258
KJ		1/6/2020	M		[REDACTED]	[REDACTED]	R	92340	000	1.000	15	D08258 D08258

The data shown in these reports are amounts paid by Medicaid for each consumer in the Waiver program selected.

Special Notes:

- ✦ Fund Codes are two-digit alphanumeric numbers that identify a collective group of similar services provided to consumers.

Examples: Durable Medical Equipment, Physician or Hospital Services, etc.

- ✦ Procedure Codes are 5-digit alpha-numeric numbers that represent a systematic listing of services and procedures performed by a provider of service. These codes are based on national standards.

Examples: Respite, PCA 2, Adult Day Health Care, Etc.

- ✦ Other codes such as dental (prefix D) or vision (prefix V) may also appear on the Waiver Credit Reports. All the codes are not listed in this section due to the extremely large number of codes. These codes are part of the Healthcare Common Procedure Coding System, called “HCPCS” for short. You can run the report called “WVR Procedure Codes and Modifiers by Type Fund” in the WVR folder on R2D2. For more information contact the SURB Division by calling (803) 898-9742.

3. Medicaid Payments

Medicaid pays for services as a provider bills for them. Medicaid will not pay for services that were provided 365 prior to the date billed. The timing of payment for services is dependent on the service provider's billing process, which can vary greatly from one provider to another.

Special Notes:

- ✦ Service providers have only 365 days from date of service to bill Medicaid.
- ✦ The Waiver Credit Report lists services that are paid in a given month by Medicaid regardless of the date of service.
- ✦ Services may be paid in a 12-month period that could, possibly, represent services over a 24-month period.

4. Processing Credits

Due to the time lag between payment by MMIS and DDSN's receipt of the monthly report, and due to the timing of Provider payments, credits to the Providers are processed during the third month, after the MMIS payment.

The following is an example of what this schedule looks like:

Contract Payment Number	Contract Payment due to Provider on or before	Credit Reflects Payments made by MMIS during the month of
1	1-Jul	April
2	1-Aug	May
3	1-Sep	June
4	1-Oct	July
5	1-Nov	August
6	1-Dec	September
7	1-Jan	October
8	1-Feb	November
9	1-Mar	December
10	1-Apr	January
11	1-May	February
12	1-Jun	March

Special Note:

- ✦ The last month for any given fiscal year is March, which is credited against June payments.

5. Review Process and Submission of Reimbursement Request

Monitorship is important for many reasons, but part of the purpose of monitorship is to prevent a service provider from delivering services in excess of the units authorized or providing services that are not authorized. Occasionally, these types of errors do occur. They may be the result of a variety of circumstances, but regardless, action must be taken by the Case Manager to communicate with the service provider and determine the source of the problem and initiate the necessary corrective action.

- A. After running a Waiver Credit Report, **please review it carefully for errors. Requests for corrective action must be made directly to the service provider.** Service providers must reimburse Medicaid for overpayments, use of wrong procedure codes, duplicate payments, etc. For instructions on how to refund Medicaid, please refer to the SCDHHS website: <https://www.scdhhs.gov/provider>.

Once the original claim has been reversed, the service provider should issue a new replacement claim, if applicable. For claims that have been reversed, the amount of the claim will appear on the Waiver Credit Report as a negative number.

If necessary, DDSN can assist Providers with unresolved issues involving service providers and DHHS. However, before this step is taken – all efforts must be made with the service provider to correct the billing error(s) before asking DDSN for assistance. A written record of the attempts to resolve the issue will be required before DDSN contacts DHHS on a DDSN Provider's behalf.

Special Note:

Before contacting the service provider regarding an error, ask yourself the following questions:

- Is the authorization correct? Does the authorization need to be modified to reflect any added or deleted services?
- Is the budget correct? Does the budget need to be modified to reflect any added or deleted services?

- B. For consumers charged to your Waiver Credit Report that are not your responsibility:
1. Provide a copy of the page from the Waiver Credit Report pertaining to the consumer in question.
 2. Document that the consumer belongs to another provider along with the correct Provider name, if known, and supply effective dates for any transfers or terminations.
 3. Forward the copy to SURB with a cover memo explaining the details. You should submit this documentation through the Reporting and Billing Center (RBC).

- C. Environmental Modifications charged to Waiver Credit Reports for a residential consumer may be reimbursed after review and verification by DDSN. To facilitate your request, follow the procedures outlined in the Finance Manual Chapter 10.5.
- D. If a service provider is not cooperative or you suspect Medicaid Fraud, please contact SURB immediately by calling (803) 898-9742.

6. Submission of Correspondence

Please direct all correspondence pertaining to adjustment requests (along with any attachments) by uploading the data through the Reporting and Billing Center (RBC). For those that do not have access to RBC, contact I.T. by putting in a helpdesk ticket at helpdesk@ddsn.sc.gov. RBC is a secure system on DDSN's application portal for uploading confidential billing documents that go to the SURB area. **If you choose to upload documents through RBC, please do not mail the originals.** For those that choose to mail the forms, send them to: **DDSN, ATTN: SURB, 3440 Harden St. Ext., Columbia, SC 29203.**

7. DDSN Response to Reviews/Questions

DDSN will review all reimbursement requests along with any attachments. If in agreement with a submitter's assessment, a "Waiver Credit Report Reimbursement Memo" will be completed and emailed to you and you will see a payment adjustment on a future payment schedule referencing the Memo you received. For each reimbursement request submitted, you will receive an approval memo or a phone call requesting additional information, if needed. If DDSN disagrees with the request, contact will be made directly either by phone or email to explain the denial.

8. Time Limits on Reviews and Adjustments

DSN Providers have three (3) months to report possible errors discovered in Waiver Credit Reports. For example, a November 2020 report processed against payments on February 2021 would have to be reviewed and errors reported back to DDSN by May 1, 2021. Once a possible error is reported, there is no time limit placed on a resolution.

9. Confidentiality of On-Line Documentation

Title II of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), known as the Administrative Simplification (AS) provisions of HIPAA; Pub.L. 104-191, required the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers. All DDSN providers are required to comply with all applicable standards, orders, and regulations pursuant to HIPAA concerning the confidentiality of information shown on all on-line reporting documents.

SERVICE ERROR CORRECTION FORM

This form should be used to correct services reported in error. If services were rendered but not reported, they should be reported by recording the service and the associated date on the current applicable reporting documents (ISR, SPL, etc.). If a correction is needed other than reporting additional services, send the correction in writing to the attention of the SURB Division in DDSN Central Office Finance.

*****ONE CONSUMER AND ONE SERVICE PER SECF*****

ENTER THE CODE OF THE DOCUMENT TO BE CORRECTED: _____

Case Management SPL's	[CMSPL]	Residential	[RESID]
Early Intervention ISR's	[EIISR]	SLP I	[RESLP] (SLPII, CTHI, CTHII or CRCF)
Day Program (Adult)	[AROLL]	Day Program (Child)	[CROLL]
Respite ISR's	[REISR]	Rehabilitation	[REHAB]
Job Coach ISR's	[JCISR]	Caregiver Services	[CRGVR]
HASCI	[HASCI]		

PROVIDER
NAME: _____

PROVIDER NUMBER: _____

RESPONSIBLE STAFF WHO
REPORTED SERVICE: _____

CASE LOAD NUMBER: _____

CONSUMER'S NAME: _____

SSN # (Last 4): _____

CONSUMER'S MEDICAID NUMBER: _____

THE FOLLOWING SERVICES WERE REPORTED IN ERROR:

(Use page 2 to record more dates of service)

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reason Codes:

1. Plan out of date
2. Level of Care (LOC) out of date
3. Service not documented in plan
4. No VR letter available for supported employment
5. No medical necessity statement for Rehab Supports
6. Service was provided but was inappropriate and should not have been reported
7. No service was delivered
8. A service was indicated through fraud
9. Other (explain below: wrong service, over-reported, wrong date, etc.)

Found By Codes:

1. Responsible staff person who initially completed the original report
2. Supervisor Review
3. District/Central Office Review

(If more room is needed, please use comments section on page 2.)

DATE _____

SUPERVISOR SIGNATURE _____

SERVICE ERROR CORRECTION FORM (Continued)

CONSUMER’S NAME:

CONSUMER’S SSN:
(Last 4 digits)

SERVICES REPORTED IN ERROR (CONTINUED):

DATE OF SERVICE	REASON CODE	FOUND BY CODE	DATE OF SERVICE	REASON CODE	FOUND BY CODE

ADDITIONAL COMMENTS:

DATE

SUPERVISOR SIGNATURE

Information Security Is
YOUR
Responsibility



Are **YOU** the weakest link?



EGRC Services



Enterprise Governance, Risk & Compliance (EGRC) is responsible for:

- **Information Security and Privacy Policy Development and Enforcement**
- **Information Accountability and Audit**
- **Information Security Threat and Vulnerability Management**
- **Cyber Security Incident and HIPAA Breach Response**
- **Cyber Security Awareness and HIPAA Training**

To report incidents or if you have any Security/Privacy related questions, please contact us @

RISK@DDSN.SC.GOV

SANS TRAINING

SECURITY AWARENESS

- Required to be completed annually
- Campaign runs from Jan – October
- 25 Modules (approximately 60 minutes)

From: List Risk & Compliance

Sent: **DDDD, MMMM DD, YYYY HH:MM AM**

To: List Risk & Compliance <Risk@ddsn.sc.gov>

Subject: Providers and Boards 2019 SANS Securing the Human Cyber Security Annual Recertification (CSAR)

Good Day:

The SC Department of Disabilities and Special Needs Enterprise Governance, Risk, and Compliance Department is proud to announce the 2019 SANS Securing the Human Cyber Security Annual Recertification (CSAR). **This email serves as the formal notification for each Board and Provider to begin the SANS training.** This would include, but not be limited to, employees who access Therap, CDSS, consumer intake, consumer medical data, consumer employment data, or any other information containing PHI or PII regarding a DDSN consumer or potential DDSN consumer. For full compliance, each employee must complete all **20** assigned modules in the SANS system. If you have any questions as to whom this may entail, or you are unable to activate all your employees due to licensing issues, please contact the EGRC team at Risk@ddsn.sc.gov

At this time boards and providers should have already uploaded their employees into the SANS training website. **You will have until **MMMM October 31, 20YY**, in which all identified personnel must be trained.** Training for the year ends October 31, 20YY and is not required for November and December. Training will resume in January 20YY.

SAP Litmos

1. You will log into the **SAP Litmos** environment @ <https://ddsn.litmos.com/>. (NOTE: All emails from this platform will come from system@litmos.com.)
2. Log in with your username (your email address) and supplied password (update upon your initial login).

SAP Litmos

Log in to your online learning

☐ Show Password

Login

I've forgotten my username/password

Don't have a Litmos account? Sign up for a free trial today

EMAIL ENCRYPTION



- It is required that consumer PHI/PII be sent securely in THERAP using SCOMM
- Examples of PHI/PII include...
 - Medical Info, SSN, DL, DOB, GENDER, AGE, ETC.

SCOMM Provides a secure way to send the following types of information to each other while logged into Therap: Social Security Numbers, Driver's License Number, Passport Number, Personal Credit/Debit Card Number(s), Personal Finance Information, Taxpayer ID, Employee ID, Health Insurance Beneficiary, Vehicle License Plate, State ID, Mother's Maiden Name, Name, Date of Birth, Place of Birth, Home Address, Maiden Name, Gender, Age, Race / Ethnicity, Personal Email Address, Religious Preferences, Medical Information, Spousal Information, Security Clearance, Emergency Contacts, Military Status / Service Status, or OTHER confidential information.

To send an SCOMM you must have a Therap account and the receiving party must have a Therap account. If you do not have an account. Please contact your Therap Security Administrator.



Upcoming Webinar

Therap New Release: 2019.2.0
August 14, 2019 | 12.30 pm ET/9.30 am PT

Call for Presentations

National Conference 2020
Denver, Colorado
Jan 28 – Jan 30

New

Scanner Interface

Coming Soon

English

Login

Login Name

Password

Provider Code

Login

[Forgot Password?](#)

[Trouble Logging In?](#)

YOU are a target to hackers

Don't ever say "It won't happen to me". We are all at risk and the stakes are high - to your personal and financial well-being, and to the Agency's security and privacy posture.

- Keeping consumer resources secure and private (to the extent of minimum necessary to perform a given function) is EVERYONE'S responsibility.
- By following the tips below and remaining vigilant, you are doing your part to protect yourself and others.

Keep software up to date on your personal devices

Installing software updates for your operating system and programs is critical. Always install the latest security updates for your devices:
Turn on Automatic Updates for your operating system.
Use web browsers such as Chrome or Firefox that receive frequent, automatic security updates.
Make sure to keep browser plug-ins (Flash, Java, etc.) up to date.

Never leave devices unattended

The physical security of your devices is just as important as their technical security.
If you need to leave your laptop, phone, or tablet for any length of time - lock it up so no one else can use it.
If you keep sensitive information on a flash drive or external hard drive, make sure to keep these locked as well.
For desktop computers, shut-down the system when not in use - or lock your screen.

Be careful what you click

Avoid visiting unknown websites or downloading software from untrusted sources. These sites often host malware that will automatically, and often silently, compromise your computer.
If attachments or links in the email are unexpected or suspicious for any reason, don't click on it.

Back up your personal data

Back up regularly - if you are a victim of a security incident, the only guaranteed way to repair your computer is to erase and re-install the system.

Avoid Phishing scams - beware of suspicious emails and phone calls

Phishing scams are a constant threat - using various social engineering ploys, cyber-criminals will attempt to trick you into divulging personal information such as your login ID and password, banking or credit card information.
Phishing scams can be carried out by phone, text, or through social networking sites - but most commonly by email.
Be suspicious of any official-looking email message or phone call that asks for personal or financial information.

Protect sensitive data

Be aware of sensitive data that you come into contact with, and associated restrictions. In general:
Keep sensitive data off of your workstation, laptop, or mobile devices.
Securely remove sensitive data files from your system when they are no longer needed.
Always use encryption when storing or transmitting sensitive data.

Install anti-virus protection on your personal devices

Only install an anti-virus program from a known and trusted source. Keep virus definitions, engines and software up to date to ensure your anti-virus program remains effective.

Practice good password management

We all have too many passwords to manage - and it's easy to take short-cuts, like reusing the same password or sticky notes on your monitor. A password management program can help you to maintain strong unique passwords for all of your accounts. These programs can generate strong passwords for you, enter credentials automatically, and remind you to update your passwords periodically.

There are several online password management services that offer free versions such as KeePass, Dashlane or LastPass (my favorite).

Here are some general password tips to keep in mind:

Use long passwords - **20 characters or more is recommended.**

Use passphrases that are easy for YOU to remember (e.g., I run @ least 3 days a week! OR IRun@Least3DaysAWeek)

Use a strong mix of characters, and never use the same password for multiple sites. The password manager can really help with this. I know, I have a different password for every account that I use.

Don't share your passwords and don't write them down (especially not on a post-it note attached to your monitor).

Update your passwords periodically, at least once every 6 months (90 days is better). You don't have to wait until they expire to change.



Use mobile devices safely

Considering how much we rely on our mobile devices, and how susceptible they are to attack, you'll want to make sure you are protected:

Lock your device with a PIN or password - and never leave it unprotected in public.

Only install apps from trusted sources.

Keep your device's operating system updated.

Don't click on links or attachments from unsolicited emails or texts.

Avoid transmitting or storing personal information on the device.

Most handheld devices are capable of employing data encryption - consult your device's documentation for available options.

Backup your data.



DDSN Executive Memo

Date: 11/7/2018

To: Executive Directors & CEOs

From: State Director Mary Poole *mp/pjm*

Re: Simplify and Standardize Disseminating Important Information to Providers

Based on positive feedback from the DDSN Business Task Force, DDSN will simplify and standardize a process to disseminate important information to providers. With the wide variety of communication channels today, such as emails, phone calls, Skype, meetings, and task forces, important information can be lost in the volume of communications or misrouted by the sender. DDSN's new formal system for important information will ensure relevant facts are solidified into **ONE document** and 100% of the effected providers/stakeholders receive this information at the same time.

This new formal dissemination channel will operate as follows:

- DDSN establishes a single, standard memo format; requires Associate State Director or State Director authority to send (quality/consistency/relevancy); and a single person designated for questions, to include phone# & email address.
- Establish a single DDSN public webpage repository for "DDSN Executive Memos," which is <https://www.ddsn.sc.gov/providers/executive-memos>. This webpage keeps the memos in one master repository by date, as well as major topics sorted to simplify retrieval for case management, waiver services, quality management, and financial matters.
- The key to this new communication process is upgrading the precision of the current "Service Provider Management" (SPM) email system. The email notification categories are precisely defined to reach the intended recipient(s), such as EDs impacted & agency functional experts (i.e., case manager supervisor, CFO, residential director), as well as eliminate DDSN's current tendency to "shotgun" email dissemination for all issues to all EDs. This will permit providers to use SPM to tailor the receipt of important DDSN information to their appropriate personnel responsible, as well as build in redundancy/backups. This also provides assurance to DDSN the intended management level and/or functional area receives the information 100% of the time.
- The NEW SPM RECIPIENT LIST will contain 16 categories for providers to populate: Board Chairman; EDs-DSN Boards; EDs-QPLs; EDs w/ residential services; EDs w/ EI services; EDs w/ case management; EDs w/ day program; Residential Directors; EI Supervisors; Case Management Supervisors; Day Program Directors; Chief Financial Officer; Human Resource Director; Maintenance/Plant Operations Manager; Therap point of contact (POC); Quality Management POC; and SPM POC. DDSN will populate four additional SPM categories: Regional Center Facility Administrators; District Office Directors; DDSN Executive Staff; and External Stakeholders.

ACTION REQUIRED BY EACH PROVIDER IN THE DDSN NETWORK:

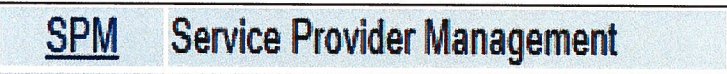
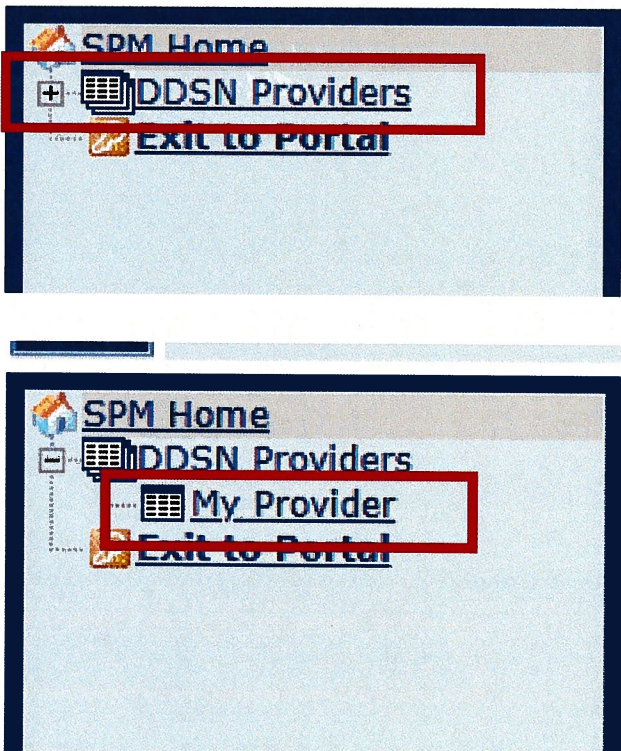
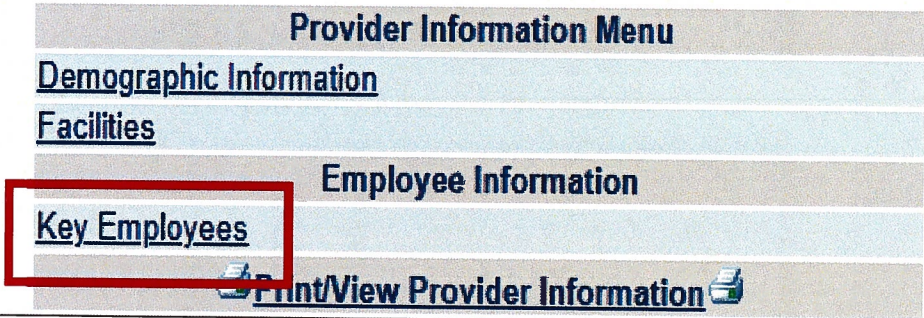

By 12/31/2018, populate the SPM email system with your agency's POC for the above applicable categories; the prior SPM list has been deleted. DDSN places no restrictions on how each provider arranges its SPM category recipients to meet its needs for its internal communications and redundancy. Attached to this memo are instructions to populate the SPM email system.

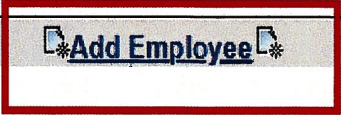
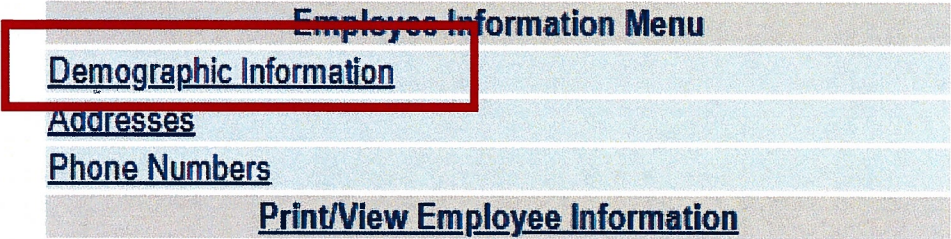
The DDSN Project Manager for this new process will be Chief Information Officer David Foshee, who can be reached at desk# 803/898-9781 and email dfoshee@ddsn.sc.gov.

Thank you in advance for your initial time investment to improve communications between DDSN and the provider network, which is critical to our mutual mission of serving our consumers.

HOW TO SIGN UP FOR COMMUNICATION CHANNELS

MUST BE COMPLETED BY PROVIDER ADMINISTRATORS

1) Login to the SCDDSN Portal	https://app.ddsn.sc.gov/ddsnportal/ddsn_login.jsp
2) Select SPM	
3) On the SPM Home page, click the (+) to expand DDSN Providers and select My Provider.	
4) Select Key Employees	
5) Select Employee's name from the list.	

6) If the employee is not listed, click Add Employee. Adding an Employee will skip step 7.	
7) Once you have selected the employee, select Demographic Information.	

- 8) Once on the Demographic page, make sure your First and Last Name and Email are shown. Then check the applicable communication channels.

Prefix:	<input type="text"/>	
First Name:	Sally	Middle Initial: <input type="text"/>
Last Name:	Abnet	Suffix: <input type="text"/>
Title:	<input type="text"/>	
Email:	sabnet@ddsn.sc.gov	

Important Message!

Subscribers to this list are not necessarily in the group because of their job title.

Communication Channels:	<input type="checkbox"/> Board Chairman
	<input type="checkbox"/> EDs-DSN Boards
	<input type="checkbox"/> EDs-QPLs
	<input type="checkbox"/> EDs with residential services
	<input type="checkbox"/> EDs with EI services
	<input type="checkbox"/> EDs with case management
	<input type="checkbox"/> EDs with day program
	<input type="checkbox"/> Residential Directors
	<input type="checkbox"/> EI Supervisors
	<input type="checkbox"/> Case Management Supervisors
	<input type="checkbox"/> Day Program Directors
	<input type="checkbox"/> Chief Financial Officer
	<input type="checkbox"/> Human Resource Director
	<input type="checkbox"/> Maintenance/Plant Operations Manager
	<input type="checkbox"/> Therap point of contact(POC)
	<input type="checkbox"/> Quality Manager
	<input type="checkbox"/> SPM email POC
	<input type="checkbox"/> Regional Center Facility Administrator
	<input type="checkbox"/> District Office Director
	<input type="checkbox"/> DDSN Executive Staff
	<input type="checkbox"/> External Stakeholders

- 9) Click Save

Save Cancel

- 10) You will then be taken back to the Employee Information Menu

Employee Information Menu
Demographic Information
Addresses
Phone Numbers
Print/View Employee Information

Document Properties (Complete All and Edit Here)

Doc Title: How To Sign Up For Communication Channels

Author/s: Stamper, Tiffany

Business Owner: Business Owner Here

Subject: Put Subject Here

Keywords: Keywords – the minimum is the words from your title that are 5 characters or more – add others, too, like the app context, the project, etc.

Status: Template Final

SC Department of Disabilities and Special Needs

IT Provider Onboarding Handbook

1. Helpdesk-

- a. The DDSN helpdesk operates Monday – Friday 8 am -4:30 pm. Submit email to helpdesk@ddsn.sc.gov. Ph. 803-898-9767.
- b. We offer after hours support to cover **critical issues**. To reach our helpdesk after hours please call ph. 803-429-0160.

2. Therap-

- a. **Therap Access** - Security for Therap is controlled by the Therap Security Administrator during the onboarding process.
- b. **Therap Training** - Training User Guides. Training for new users are accommodated through the provider. If for any reason you need additional How-To information, we provide through Therap resources that can help answer questions about navigating the system.

<https://help.therapservices.net/app/products/detail/p/515>

3. Portal- The DDSN portal is located at: <https://app.ddsn.sc.gov/ddsnportal/applicationListing.do>

- a. CDSS (DB2) – Core demographic data.
- b. DSAL/RESLOG – Day and Residential Logs
- c. RBC – Securely submit billing documentation, error correction forms, etc
- d. JEDI – Maintain user access to portal and user information
- e. R2D2 (Actuate Reporting) – Run a variety of reports
- f. SPM – Communication distribution channels
- g. Business Tools – Access to forms, directives, standards, manuals, and other documents

4. DDSN Website - The DDSN website is located at <http://ddsn.sc.gov> The following information can be found on this site and much more: Finance and Audit Resources, DDSN Directives, Executive Memos, Standards and Manuals, provider rates, etc.

5. Security and Access

- a. **New User Request** - JEDI - If you have a security or access request, submit a request to your provider security administrator (PSA) in the JEDI system. The provider security administrator will submit all relevant information and IT will process the request and respond back to the Security Administrator.
- b. **Terminating User** - Currently our PSA are responsible for reporting terminations in the system. In the event you have an employee that has resigned or was terminated, it is important to notify your PSA immediately so our team can disable the user account in the system. This applies to changes of accounts or security access.
- c. **Security** - It is strictly prohibited to share account information amongst staff members as this violates the agency policies.

6. SPM — Make sure you are listed/your key staff are listed in the Service Provider Management system and are in the proper categories to ensure receipt of communications relevant to them. Memo provided in handouts for more information.



Procurement Requirements

SUPPLY AND SERVICES DIVISION

CANDIS GOLSTON

DIRECTOR OF PROCUREMENT

803-898-9666

CANDIS.GOLSTON@DDSN.SC.GOV

Procurement Organization

- ▶ Chief Procurement Officer - Chris Clark, CFO
- ▶ Director of Procurement - Candis Golston
- ▶ Procurement Specialist - Terri Maple
- ▶ Procurement Specialist - Ronnie Jefferson
- ▶ Supply Specialist – James Cooper

Procurement Regulations

- ▶ SCDDSN Directive 250-08-DD – “Procurement Directives for Local DSN Boards and Contracted Service Providers”
- ▶ Assistance available to providers by contacting procurement staff
- ▶ Directive is available on our website
<https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>
- ▶ Each provider must adopt their own procurement policy based upon DDSN directive
- ▶ Provider can be more restrictive, but not less restrictive, than the directive
- ▶ Must follow provider policy if you have one

Audit Requirements

- ▶ Your external auditor is required to test compliance with the procurement directive
- ▶ They will also report to DDSN on their findings
- ▶ Corrective action plan is required if there are any findings

Code of Conduct/Conflicts

- ▶ Provider must establish and implement a written code of conduct
- ▶ Conflict of interest awareness – in fact or appearance
- ▶ No employee or board member may solicit or receive personal gratuities, favors, or anything of monetary value from contractors or suppliers
- ▶ State Ethics Code governs DSN Boards; can be used by contract service providers as a guide
- ▶ Signed conflict of interest statements required for key employees and board members

Purchase Levels

- ▶ \$10,000 or less (Little or no competition required)
- ▶ \$10,001 - \$25,000 (Three Written Quotes)
- ▶ \$25,001 - \$100,000 (Written solicitation required – no minimum bids)
- ▶ \$100,001 or higher (Invitation to Bid required – no minimum bids)

Purchase Definition

- ▶ Purchase of 250 boxes of gloves at \$50 per box = \$12,500 purchase
- ▶ Hiring contractor to paint 4 houses at a cost of \$6,500 per home = \$26,000 purchase
- ▶ Purchasing 40 computers at \$1,000 each = \$40,000 purchase
- ▶ Signing a 60 month copier lease at \$400 per month = \$24,000 purchase
- ▶ Hiring a lawn company to cut 15 yards at \$1,500 per month for a three years = \$54,000 purchase ($\$1,500 \times 12 \text{ mos} \times 3 \text{ years}$)
- ▶ Purchasing computers from your IT consultant are not part of the consulting contract and are considered a purchase subject to the directive

Splitting Purchases

- ▶ Procurement requirements must not be artificially divided to constitute a small purchase or avoid getting competition. A combination of procurement methods such as State Standard purchase orders and multiple procurement/credit cards cannot be used to circumvent the need for quotations.

Purchase Exemptions

- ▶ Directive provides for certain exemptions listed in Appendix A
- ▶ Usage of state contract vendors
- ▶ Professional services – legal, auditing, medical, dental, psychology, therapists, real estate agents, etc.
- ▶ Sole Source
- ▶ Emergency

Sole Source

- ▶ Product or services available from only one source
- ▶ Source is the sole manufacture/ service provider and distributor
- ▶ Requires a written justification be maintained in the file
- ▶ If over \$ 50,000 an Intent to Sole Source must be posted in SCBO for 5 Business Days before awarding the contract
- ▶ If over \$250,000 an Intent to Sole Source posted in SCBO for 10 Business Days before awarding the contract

Emergency Procurement

- ▶ An emergency exists if a condition is present that creates a threat to a consumer's health, welfare, or safety.
- ▶ Competition should be sought to the extent possible given the situation
- ▶ Only what is needed to alleviate the emergency.
- ▶ Emergencies require a declaration in advance of the purchase.
- ▶ Written Justification is required to be maintained in the file.
- ▶ Notice posted in SCBO if over \$50,000 as soon as practical after purchase

Awarding a Purchase Contract

- ▶ Apples to apples quotations required
- ▶ Not required to award to lowest price
- ▶ Award to lowest responsive and responsible bidder/quote
 - ▶ Consider performance
 - ▶ Competencies
 - ▶ Capabilities
 - ▶ Capacities
 - ▶ Insurance/bonds/licenses

Small Purchases Under \$10k

- ▶ Prices must be “fair and reasonable”
- ▶ Purchases must be distributed equally among qualified suppliers.
- ▶ When practical, quotes must be solicited from other than the previous supplier before placing a repeat order
- ▶ Steps should be taken to ensure the price is reasonable
 - ▶ Comparison to previous price
 - ▶ Personal knowledge of item/service purchased
- ▶ No competition is required

Small Purchases \$10k - \$25k

- ▶ Must obtain three written quotes
- ▶ Quotes must be “Bona Fide” - “no bid” quotes do not count
- ▶ Less than three bids are required if advertised in SCBO – South Carolina Business Opportunities through the South Carolina Procurement Services Office
- ▶ Can also use local newspapers to advertise in lieu of SCBO

Purchases \$25k - \$100k

- ▶ Must be advertised at least once in SCBO
- ▶ Advertise long enough to increase competition
- ▶ No minimum number of bids are required
- ▶ Must maintain evidence of advertising in procurement file or with invoice

Purchases over \$100k

- ▶ Invitation to bid process used
- ▶ No minimum bids required
- ▶ Preferences should be used
- ▶ Sealed bids process
- ▶ Public bid opening with witness
- ▶ Tabulation of bids
- ▶ Post bid results

Protests

- ▶ Awards in excess of \$50,000 are subject to protest
- ▶ Providers must have a policy/procedure in place to handle protests

Questions?

- ▶ Thank you for your time!

RESOURCES FOR ALL

- ▶ www.Procurement.sc.gov
 - ▶ Registered SCEIS Vendors
- ▶ <https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals>
 - ▶ Procurement Requirements for Local DSN Boards and Contracted Service Providers (Directive 250-08-DD)

SMALL PURCHASE PROCEDURES

COMPETITION AND NOTICE REQUIREMENTS						
X = Total Potential Value of Procurement	SCBO Advertisement Required?			Bona Fide Written Quotes Required?		
	COTS	Construction	Everything Else	COTS	Construction*	Everything Else
$X \leq \$10,000^{\S}$	No	No	No	No	No	No
$\$10,000 < X \leq \$25,000$	No	No	No	Yes – 3 or more**	Yes – 3 or more**	Yes – 3 or more**
$\$25,000 < X \leq \$50,000$	No	No	Yes	Yes – 3 or more**	Yes – 3 or more**	Yes – 1 or more
$\$50,000 < X \leq \$100,000$	No	No	Yes	Yes – 3 or more**	Yes – 3 or more**	Yes – 1 or more

AWARD AND PROTESTS						
X = Total Potential Value of Procurement	Notice of Award Required?‡			Protestable?		
	COTS	Construction	Everything Else	COTS	Construction	Everything Else
$X \leq \$10,000$	No	No	No	No	No	No
$\$10,000 < X \leq \$25,000$	No	No	No	No	No	No
$\$25,000 < X \leq \$50,000$	No	No	No	No	No	No
$\$50,000 < X \leq \$100,000$	Yes	Yes	Yes	Yes‡‡	Yes‡‡	Yes‡‡

Notes

[§] “The purchasing office must annotate the purchase requisition: ‘Price is fair and reasonable’ and sign.” S.C. Code Ann. § 11-35-1550(2)(a).

* Procuring agency does not have to but may require bidders to provide bid bonds for projects of \$100,000 or less. Procuring agency must require performance and payment bonds on projects greater than \$50,000.

** If published in SCBO, only one bona fide written quote from a responsible bidder is needed.

‡ When required, notice of an award must be communicated to all bidders on the same date award is made. Any method of communication may be used (Reg. 19-445.2100A(6)).

‡‡ Contract formation is not delayed after notice of award. Purchasing agency does not have to wait for the protest period to expire before allowing the awarded vendor to start performance.

DDSN CONTRACT INFO

Contract period runs July 1- June 30. Full contract renewed every fiscal year.

Capitated Original Contract- Based on May 1 download. Only consumers in place as of May 1 will appear. This is a way to get providers paid by July 1.

****Capitated Amendment One-** Based on July 1 download. This is the information that will be amended throughout the year. Keep all back-up documentation for reference. This will include: Provider Official Listing, Residential Report and various schedules. This information will be invaluable throughout the year. Print from DocuSign and save as soon as you receive fully executed copy.

Subsequent Capitated amendments are issued approximately every month to two months if there are changes. Back-up documentation cannot be run for each amendment. Each amendment will have a summary of changes with dates, names, effective dates, units. Also included will be an updated EXCEL spreadsheet with all Capitated information.

Band B and Band I have been removed from the Capitated Contract, but will still show up on the appendix for this fiscal year for the July 1, 2020- December 31, 2020 data. For Fiscal year 2021-22, this information will be removed from the appendix as will at-home day slots. Approved consumers will still be designated with a “B” or “I” in CDSS. To get a list of approved consumers- go to R2D2 and run funding band report for your provider number. See attached details about how to run this.

For residential amendments: changes are based on actual move-in/move-out dates in CDSS. Band/level on approved ADT is what will be used. If a consumer is not showing up in the residence in CDSS, they are not there for contract purposes. Adjustments are never based on proposed dates or earliest possible date of move.

Vacancies are funded for 30 days after discharge. (60 Days during COVID). Outliers or enhanced staffing is terminated immediately. Funding Band/level is paid for 30 days IF bed is not filled. If a vacancy moves, the 30 days does not start over. If a consumer with a different band fills the vacancy, contract will be amended to reflect increase or decrease in funding.

I have attached both the Fee for Service Band B/I training packet and the Band increase training packet for reference.

Anytime there is a question about an amendment, and ADT, a funding band, a restoration or termination of a vacancy, etc. please call or email me and I will be more than happy to assist you.

Debra Leopard, Director of

Contracts

Contracts@ddsn.sc.gov

803-898-9674

DDSN Contracts



Capitated

Non-Capitated (Family Support/Respite)

Early Intervention

Service Coordination

QPL Residential

SFH Residential

High Management Residential

Special HASCI Residential

Other Special Residential

Special Contracts

One-time Grants

Capital Grants

State Funded Community Supports

State Funded Follow-Along

ICF/CRCF Lease Agreements

HIPAA Business Associates Agreements

At-Home Waiver Services Contract

Capitated Amendment Process

- Cover sheet with amendment number, effective date, total amendment amount and Total Band Award To and From
- Attachment A- spreadsheet with all Amounts/totals on Appendix A showing "From" "Change" and "To" amounts with brief descriptions and effective dates. All services and categories will be shown every time even if there is no change. Small Funding Band table included for reference. Amount on cover sheet will match the total at the bottom of the "change" column. This spreadsheet will be issued every time with updated totals.
- Attachment B- Amendment Summary. This spreadsheet will show all the calculations, names of consumers, dates, slots, names of residences, Bed fees/client fees, Bands, annualized amounts and residential/day units, etc. To follow calculation, take the annualized amount and divide by 365 (366 on Leap years) and multiply times #of units.

Example: $-\$38,578/365 \times 335 = -\$35,407$. Each date of consumer coming in/out is listed separately.

Questions? contracts@ddsn.sc.gov

803-898-9674

DocuSign Instructions

Effective immediately, DDSN Contracts will be utilizing a new delivery system, DocuSign, for all contracts and amendments. You will not need to purchase the system or incur any cost to utilize the system. You will receive an email from *DDSN Contracts via DocuSign* with a link to review and sign the contract document. The email is a link for the Executive Director's review and signature. Please follow the below steps to complete the process:

For the Executive Director Signature:

1. Open the email from DocuSign and click "REVIEW DOCUMENT"
2. Review the contract document
3. Agree to the Electronic Record and Signature Disclosure and click "Continue"
4. Click "Signature" (If you have never used DocuSign before, you will be prompted to create a signature for your account)
5. Click "Finish" at the top of the page to send the completed document to the next step

Once you have signed the document, it will be forwarded to DDSN for signatures. After all parties have signed the document, an email with a link to review the completed document will be immediately sent back to you by DocuSign. Please make sure you save an electronic copy and/or print a copy of the contracts for your files. It will expire and you will no longer have access to it after a few weeks. *

Self-help videos can be located at this link if you need additional assistance:

<https://support.docusign.com/en/videos>

****Note: the link to the signed documents will expire after a period of time so make sure you save or print a copy for your records.***

Capitated 2021	FY 21 Amendment 4						
Provider	Any Provider						
Effective Date	8/4/2020						

I. Band Allocation:	Amend Three	Amend Four	Difference	Description	Effective Date	
Band B Allocation *	\$ 475,796	\$ 475,796	\$ -			*These items will be removed next fiscal year
Band B Outlier Award*	\$ -	\$ -				
Band B Award*	\$ 475,796	\$ 475,796	\$ -			
Band D Allocation	\$ 112,970	\$ 112,970	\$ -			
Band D Award	\$ 112,970	\$ 112,970				
Band G Allocation	\$ 2,331,861	\$ 2,331,861	\$ -			
Band G Award	\$ 2,331,861	\$ 2,331,861				
Band H Allocation	\$ 1,585,104	\$ 1,493,862	\$ (91,242)	Termination of vacancy	8/4/2020	
Band H Outlier Allocation	\$ -	\$ -		Jackson Drive		
Band H Award	\$ 1,585,104	\$ 1,493,862				
Band R Allocation	\$ 106,517	\$ 106,517	\$ -			
Band R Award	\$ 106,517	\$ 106,517				
Band T Allocation	\$ 2,338,226	\$ 2,433,565	\$ 95,339	Restoration of vacancy	8/12/2020	
Band T Award	\$ 2,338,226	\$ 2,433,565		Johnson		
Band I Allocation*	\$ 556,665	\$ 556,665	\$ -			
Band I Award*	\$ 556,665	\$ 556,665				
Total Band Allocation	\$ 7,507,139	\$ 7,511,236	\$ 4,097			
Vacant Beds	\$ 100,614	\$ 100,614				
Total Band Award	\$ 7,607,753	\$ 7,611,850	\$ 4,097			

	Amend Three	Amend Four	Difference	
Total Band Individuals				
Band B Individuals*	0	0	-	
Band D Individuals	5	5	-	
Band G Individuals	29	29	-	
Band H Individuals	16	15	(1)	
Band R Individuals	1	1	-	
Band T Individuals	22	23	1	
Band I Individuals*	0	0	-	
Total Band Individuals	144	144	-	

II. Authorized Slots and Minimum Units	Amend Three	Amend Four	Difference
Adult Develop At Home Individuals*	0	0	-
Adult Develop At Home Minimum Units*	0	0	-
Adult Develop Residential Individuals	46	45	(1)
Adult Develop Residential Minimum Units	19,136	18,758	(378)
CRCF Individual	7	6	(1)
CRCF Minimum Units	2,044	1,779	(265)
CTH II Individuals	39	39	-
CTH II Minimum Units	11,388	11,388	-
SLP I Individuals	5	5	-
ICF Individuals	23	24	1
ICF Minimum Units	7,556	7,814	258

III. Community Residential Authorized Slots	Amend Three	Amend Four	Difference

CRCF

FUNDING BANDS	7/1/2020	Outlier Cap
*Band B	\$ 13,994	\$ 37,013
Band C	\$ 39,936	
Band D	\$ 23,271	
Band E	\$ 28,381	
Band F	\$ 42,001	
Band G	\$ 82,053	
Band H	\$ 100,614	\$ 127,347
*Band I	\$ 15,045	
Band T	\$ 107,736	
Band R	\$ 106,517	
Day unit rate	\$ 31.29	

Jackson Drive	7	6	(1)
CTH II			
Adams	4	4	-
Cleveland Rd	4	4	-
Carter	4	4	-
Coolidge	4	4	-
Grant	4	4	-
Hoover Ave	4	4	-
Kennedy Place	4	4	-
Lincoln	3	3	-
Truman Street	4	4	-
Woodrow Wilson House	4	4	-
Total CTH II	39	39	-
ICF			
Johnson	7	8	1
Harrison	8	8	-
Taylor	8	8	-
Total ICF	23	24	1
Bed Fees	\$ 71,116	\$ 73,852	\$ 2,736
Client Fees	\$ 144,290	\$ 149,841	\$ 5,551

Amendment Summary

Amendment 2021-04

Fiscal Year: 2021

Any Provider			DAY	EFFECTIVE				FY	Residenti	DAY	
PGM	RESIDENCE	SLOTS	SLOTS	DATE	NAME	BAND	ANNUALIZE	AMOUNT	UNITS	Units	DESCRIPTION
CRCF	Jackson DR	-1	-1	8/4/2020	Vacant (Madison)	H	\$ (100,614)	\$ (91,242)	(331)	(472)	Termination of vacancy
ICF	Johnson	1		8/12/2020	Thomas Jefferson	T	\$ 107,736	\$ 95,339	323		Restoration of vacancy
					Bed Fees		(3,092)	(2,736)	323		Less Bed Fees
					Client Fees		(6,273)	(5,551)	323		Less Client Fees
		0	-1				\$ (2,243)	\$ (4,190)			

VACANCY Samples

Vacancy	Program	Band	Date	Description
Neptune	CTH II	H	9/1/2020	J. Kirk, H moved out of state
Jupiter	ICF	T	9/5/2020	L McCoy, T to H moved to Less restrictive setting at Neptune
Venus	CTH II	H	9/25/2020	H Sulu, H to T moved to Jupiter
Venus	CTH II	G	10/1/2020	M Spock, G moved into Venus from CNL
				Funding taken for difference between Band H and G effective 10/1/20. No loss of slots

Vacancy	Program	Band	Date	Description
Enterprise	SLP II	C	10/1/2020	D Troy, C moved home
Enterprise	SLP II	C	10/15/2020	J Picard, C moved in from CNL
				No loss of funding, no amendment
Vacancy	Program	Band	Date	Description
Klingon	CTH II	H	7/15/2020	G LaForge, H passed away
Klingon	CTH II	G	7/30/2020	M Data, G moved into Klingon CTH II from Romulan CTH II
Romulan	CTH II	H	10/15/2020	B Crusher, H from CNL
				Vacancy taken at 30 days (60 during COVID) from original vacancy- July 15 at Band H
				and restored at Band H effective 10/15/20

Vacancy	Program	Band	Date	Description
Saturn	SLP II	C	7/18/2020	B Sisko, C moved out of state
SLP I	SLP I	D	8/1/2020	J Archer, D to C moved to Saturn from SLP I
				No reduction in SLP II. Band D/SLP I slot taken 8/1/20
Vacancy	Program	Band	Date	Description
Voyager	ICF	T	7/6/2020	J Dax, T moved to Nursing Facility
Voyager	ICF	T	8/1/2020	K Janeway, H to T from Apollo CTH II
Apollo	CTH II	H	8/1/2020	Vacant Band H at Apollo
Apollo	CTH II	G	8/6/2020	M Scott, C to G filling Apollo vacancy from Discovery SLP II
Discovery	SLP II	C	8/6/2020	Vacant Band C at Discovery
Discovery	SLP II	C	11/1/2020	N Uhuru, C from CNL
				Amendment for difference between Band G and H taken 8/6/20. Vacant Band C
				Taken at 30 days from 7/6/20 and restored 11/1/20

Star Fleet QPL Appendix A

Original

Consumer	Last four digits SSN	Begin Date	End Date	Days	Leave Days	Approved Rate
Barrett, Majel	0110	7/1/2020	6/30/2021	365	72	\$218.97
Burton, Levar	1111	7/1/2020	6/30/2021	365	72	\$218.97
Dorn, Michael	0000	7/1/2020	6/30/2021	365	27	\$218.97
Frakes, Jonathan	1010	7/1/2020	6/30/2021	365	72	\$218.97
Kelley, DeForest	0001	7/1/2020	6/30/2021	365	72	\$218.97
McFadden, Gates	1110	7/1/2020	6/30/2021	365	72	\$218.97
Muldaur, Diana	0101	7/1/2020	6/30/2021	365	72	\$102.35
Nimoy, Leonard	2222	7/1/2020	6/30/2021	365	72	\$218.97
Shatner, William	2020	7/1/2020	6/30/2021	365	72	\$218.97
Sirtis, Marina	0002	7/1/2020	6/30/2021	365	72	\$218.97
Spiner, Brent	2200	7/1/2020	6/30/2021	365	72	\$218.97
Stewart, Patrick	0022	7/1/2020	6/30/2021	365	72	\$218.97
Wheaton, Wil	1002	7/1/2020	6/30/2021	365	72	\$218.97

**South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2020TFR0504
(Approved by Cost Analysis)**

Consumer Information

Consumer Name: John Q. Adams (7/7/1977)

SC/EI Provider: Happy Days

Waiver Information: ID/RD (1/2/1998)

Level of Care: ID/RD Waiver (5/1/1999)

Type of Action: Transfer

Participant in Multi-Consumer Move: yes

Proposed Residential Setting: CTH II

Action Restrictiveness: More

Date of Proposed Action: 10/1/2020

Earliest Date of Action: 10/1/2020

Current Funding: C SLP II

Proposed Funding: G- Low Needs Res

Consumer Placement

Current Facility:

Residential Provider: Any DSN Board

Facility Name: Hayes SLP II

Facility Address: 131 Smith Street

County: Taft

District: 2

Close Residential Address: No

Proposed Facility:

Residential Provider: Any DSN Board

Facility Name: Polk CTH II

Facility Address: 150 Jones Street

County: Taft

District: 2

Program Number: R5 678 1

Rationale:

Residential Provider: John is having trouble managing his medications. He would benefit from a more restrictive setting. HRC approved move to CTH II

District Office: Approved. Individual needs more restrictive placement.

Cost Analysis: Approved

**South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2020ADM0504
(Approved by Cost Analysis)**

Consumer Information

Consumer Name: John Q. Adams (7/7/1977)
Waiver Information: ID/RD (1/2/1998)

SC/EI Provider: Happy Days
Level of Care: ID/RD Waiver (5/1/1999)

Type of Action: Admission
Proposed Residential Setting: CTH II

Participant in Multi-Consumer Move: No
Action Restrictiveness: N/A

Date of Proposed Action: 10/1/2020

Earliest Date of Action: 10/1/2020

Current Funding: B At Home ID/RD Waiver

Proposed Funding: G- Low Needs Res

Consumer Placement

Residential Provider: Any DSN Board
Facility Name: Hayes CTH II
Facility Address: 131 Smith Street
County: Taft
District: 2
Program Number: R5 444 6

Rationale:

Residential Provider: John is on the CNL list and is in need of residential placement. He toured Hayes CTH II and would like to make this his home. Band G funding requested.

District Office: Individual in need of placement. Caregiver no longer able to care for him. Placed on CNL 8/5/20.

Cost Analysis: Approved at Band G, CNL

**South Carolina Department of Disabilities and Special Needs
Residential Admission/Discharge/Transfer Report
2020DIS0504
(Approved by Cost Analysis)**

Consumer Information

Consumer Name: John Q. Adams (7/7/1977)

Waiver Information: ID/RD (1/2/1998)

SC/EI Provider: Happy Days

Level of Care: ID/RD Waiver (5/1/1999)

Type of Action: Discharge

Proposed Residential Setting: N/A

Participant in Multi-Consumer Move: No

Action Restrictiveness: N/A

Date of Proposed Action: 10/1/2020

Earliest Date of Action: 10/1/2020

Current Funding: G- Low Needs

Proposed Funding: N/A

Consumer Placement

Residential Provider: Any DSN Board

Facility Name: Hayes CTH II

Facility Address: 131 Smith Street

County: Taft

District: 2

Close Residential Address: No

Rationale:

Residential Provider: Due to medical needs, John moved in to a nursing facility.

District Office: John needs nursing facility level of care.

Band B/I Fee for Service and your Capitated Contract

1) An amendment will be coming out week of December 14th with Band B and I reconciliation for fiscal year 21. July 1 through mid-November. The numbers on this amendment will be the ones used for the Fee for Service conversion. (See sample Appendix- Attach A)

2) Effective January 1, 2021, the Bands B and I funded slots will go to zero. The funding for these consumers will remain in the contract for this year since it will represent July 1 to December 31 data. Funding remaining in the FY 21 contract will be for July 1 (or the date the slot was funded after July 1) through December 31 and will represent funding for 184 calendar days. The amount removed for each slot that was funded as of December 31 will be as follows:

Band B- $\$13,994/365 \times 181 = -\$6,939$

Band I- $\$15,045/365 \times 181 = -\$7,461$

These amounts will be multiplied by the number of Band B/I individuals that show up on the amendment referenced above. This is the amount that will be reduced on the Capitated Contract. (See Amendment sample- Attach B)

3) Band B outliers will be reduced effective 1/1/21 using the same 181 day proration. Band B outlier settlement will happen toward the end of the fiscal year for any that may be over or under the spending for the 7/1/20-12/31/20 period.

4) Band B/I consumers will still be tracked by DDSN. Bands B and I will be assigned to approved consumers in CDSS until we move to Therap. Band reports can be run in R2D2 to show authorized consumers.

5) At Home Adult Development individuals will be reduced to zero on the Capitated appendix. We will remove all at home Day Attendance units based on upcoming 60% recoupment. The only day attendance requirement will be for residential and will most likely be increasing July 1, 2021

5) There will be a few wording changes to the boilerplate contract and those will be clearly noted in the January 1 amendment.

6) A new contract (similar in format to Early Intervention) will be issued for Fee for Service. The Band B/I services will no longer fall under Capitation and will not be subject to the 90% spending requirement.

6) Any Band B or I individuals that are enrolled or terminated between mid-November and December 31 will be handled separately in a subsequent amendment.

7) On the payment schedule funding will be reduced under At Home Waiver, CSW, Adult Development and possibly Supported Employment. This is because a portion of the Band B/I funding was spread to those programs on the payment schedule at the beginning of the year based on consumers attending Day/Job Coach. (See payment breakdown –Attach C sample and sample payment schedules- Attach D and Sample payment Summary- Attach E)

8) Funding reduction will show up on January 16th payment schedule. It will be one catch-up reduction and the rest will be spread throughout the year. After this fiscal year is over, there will be no funding listed under At Home Waiver or CSW. But for this fiscal year, those columns will still show funding to reflect July 1-December 31.

9) Residential Bands will be increased and will be retro-funded. This will included ICF and Day rate increases.

Questions? Contact Debra Leopard, Director of Contracts at (803) 898-9674
Contracts@ddsn.sc.gov.

Capitated 2021	FY 21 Amendment 4						
Provider	Any Provider						
Effective Date	1/1/2021						
I. Band Allocation:	Amend Three	Amend Four	Difference				
Band B Allocation	\$ 2,378,980	\$ 1,199,267	\$ (1,179,713)	Fee for Service Band B	1/1/2021		
Band B Outlier Award	\$ 65,000	\$ 32,767	\$ (32,233)	Conversion			
Band B Award	\$ 2,443,980	\$ 1,232,034	\$ (1,211,946)				
Band C Allocation	\$ 763,590	\$ 763,590	\$ -				
Band C Award	\$ 763,590	\$ 763,590	\$ -				
Band D Allocation	\$ 136,141	\$ 136,141	\$ -				
Band D Award	\$ 136,141	\$ 136,141	\$ -				
Band G Allocation	\$ 2,894,724	\$ 2,894,724					
Band G Award	\$ 2,894,724	\$ 2,894,724					
Band H Allocation	\$ 3,187,308	\$ 3,187,308	\$ -				
Band H Outlier Allocation	\$ 94,580	\$ 94,580					
Band H Award	\$ 3,292,350	\$ 3,292,350	\$ -				
Band I Allocation	\$ 1,504,500	\$ 758,433	\$ (746,067)	Fee for Service Band I	1/1/2021		
Band I Award	\$ 1,504,500	\$ 758,433	\$ (746,067)	Conversion			
Total Band Allocation	\$ 10,865,243	\$ 8,939,463	\$ (1,925,780)				
Total Outlier Allocation	\$ 159,580	\$ 127,347	\$ (32,233)				
Vacant Beds	\$ 1,311	\$ 1,311	\$ -				
Total Band Award	\$ 11,026,134	\$ 9,068,121	\$ (1,958,013)				

Total Band Individuals	Amend Three	Amend Four	Difference
Band B Individuals	170	0	(170)
Band C Individuals	20	20	-
Band D Individuals	6	6	-
Band G Individuals	36	36	-
Band H Individuals	32	32	-
Band I Individuals	100	0	(100)
Total Band Individuals	361	94	(270)

II. Authorized Slots and Minimum Units	Amend Three	Amend Four	Difference
Adult Develop At Home Individuals	70	0	(70)
Adult Develop At Home Min Units	30,368	-	(30,368)
Adult Develop Residential Individual	67	67	-
Adult Develop Residential Min. Unit	27,944	27,944	-
SLP II Individuals	15	15	-
SLP II Minimum Units	6,082	6,082	-
CTH I Individuals	-	0	-
CTH I Minimum Units	-	0	-
CTH II Individuals	60	60	-
CTH II Minimum Units	19,856	19,856	-
SLP I Individuals	6	6	-

FUNDING BANDS	7/1/2019	Outlier Cap
Band B	\$ 13,994	\$ 37,013
Band C	\$ 38,578	
Band D	\$ 22,594	
Band E	\$ 26,780	
Band F	\$ 40,589	
Band G	\$ 80,409	
Band H	\$ 99,069	\$ 125,802
Band I	\$ 15,045	
Band T	\$ 106,283	
Band R	\$ 105,511	
Day unit rate	\$ 27.50	

III. Community Residential Authorized Slots	Amend Two	Amend Three	Difference
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CTH II			
Alien Blvd	4	4	-
Apollo	4	4	-
Black Hole Lane	4	4	-
Earth Street	4	4	-
Enterprise Way	4	4	-
Jupiter Dr	4	4	-
Mars Rd	4	4	-
Mercury	4	4	-
Nebula	4	4	-
Neptune	4	4	-
Pluto Place	4	4	-
Romulan Street	4	4	-
Saturn	4	4	-
Star Fleet Drive	4	4	-
Venus Lane	4	4	-
Total CTH II	60	60	-

SLP II	FROM		
Milky Way	6	6	-

IV. Breakdown of Outlier/Carve-Outs:**Band B**

Crusher, Will	\$ 24,000	\$ 12,099	\$ (11,901)
Pikard, Jon Luc	\$ 41,000	\$ 20,668	\$ (20,332)
Total Band B	\$ 65,000	\$ 32,767	\$ (32,233)

Residential

Crusher, Beverly	\$ 55,000	\$ 55,000	\$ -
Riker, William	\$ 39,580	\$ 39,580	\$ -
Total Residential	\$ 94,580	\$ 94,580	\$ -

Total Outliers	\$ 159,580	\$ 127,347	\$ (32,233)
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Amendment Summary

Any Provider

AMENDMENT # 2021-04

PGM	Description	SLOTS	DAY SLOTS	EFFECTIVE DATE	NAME	BAND	ANNUALIZEI	FY AMOUNT	Units	Day Units DESCRIPTION
						B	(13,994)	(6,939)	(181)	Amount for each Band B
						I	(15,045)	(7,461)	(181)	Amount for each Band I
Waiver	Band B	170		1/1/2021	Various	B	(2,378,980)	(1,179,713)	(181)	170 Band B reduced
CSW	Band I	100		1/1/2021	Various	I	(1,504,500)	(746,067)	(181)	100 Band I reduced
Outliers	Band O			1/1/2021	Crusher, Will	O	(24,000)	(11,901)	(181)	Reduction of Band B Outlier
				1/1/2021	Pikard, Jon Luc	O	(41,000)	(20,332)	(181)	Reduction of Band B Outlier
	At Home Day slots		(70)	1/1/2021						(17,920) 256 units per slot reduced
			270	-70						
								(1,958,013)		

Provider	Service	Amount	Contract
Any Provider	Capitated- Band B	\$ (931,493)	20210156 #04
Any Provider	Capitated- Band B Outliers	\$ (32,233)	20210156 #04
Any Provider	Capitated- CSW	\$ (497,847)	20210156 #04
Any Provider	Capitated- Adult Day	\$ (489,349)	20210156 #04
Any Provider	Capitated- Supported Employment	\$ (7,091)	20210156 #04
	<i>Total Payment- Any Provider</i>	\$ (1,958,013)	

PROVIDER

SCEIS VENDOR # 7000029495
Cost Center J160Q50010
GL Account 5021330000

			37640000 34AD Adult Dev Adult Day	37640000 34SE Adult Dev Supp Employ	37640000 36CR ID Com Res CRCF	10010000 36CH ID Com Res CTH II	37640000 36SL ID Com Res SLPI	37640000 36IC ID Com Res ICF/MR	37640000 33MW In Home Sup ID/RD WVR	37640000 33CS In Home Sup CSW Wvr	TOTAL
Capitated Services											
Original			53,037.00	596.00	28,358.00	115,097.00	4,111.00	101,822.00	10,886.00	6,478.00	320,385.00
Original - Credits (Bed Fees)								(2,963.00)			(2,963.00)
Original - Credits (Client Fees)								(6,121.00)			(6,121.00)
Amendment 1			-	-	(5,828.00)	-	-	-	-	885.00	(4,943.00)
Amd 1 - Credits (Client Fees)								153.00			153.00
Amendment 2			-	-	(6,417.00)	-	-	6,718.00	-	-	301.00
Amd 2 - Credits (Bed Fees)								(195.00)			(195.00)
Amd 2 - Credits (Client Fees)								(397.00)			(397.00)
Amendment 3			-	-	-	-	-	-	1,166.00	3,435.00	4,601.00
Amendment 4			(81,558.00)	(1,182.00)	-	-	-	-	(160,622.00)	(82,974.00)	(326,336.00)
TOTAL CAPITATED SERVICES											(15,515.00)
Total			(28,521.00)	(586.00)	16,113.00	115,097.00	4,111.00	99,017.00	(148,570.00)	(72,176.00)	(15,515.00)
FR		Line	1	2	3	5	6	8	9	14	

Attachment E- Payment Schedule Summary

A	HH	A	JN	A	F	A	AA
	00000000 33MW Amend 4 ID/RD WAIVER		00000000 33CS Amend 4 CSW WAIVER		00000000 34AD Amend 4 Adult Day		00000000 34SE Amend 4 Supported Employ
Total Amount	(963,726.00)	Total Amount	(497,847.00)	Total Amount	(489,349.00)	Total Amount	(7,091.00)
7/1/20		7/1/20		7/1/20		7/1/20	
7/16/20		7/16/20		7/16/20		7/16/20	
8/1/20		8/1/20		8/1/20		8/1/20	
8/16/20		8/16/20		8/16/20		8/16/20	
9/1/20		9/1/20		9/1/20		9/1/20	
9/16/20		9/16/20		9/16/20		9/16/20	
10/1/20		10/1/20		10/1/20		10/1/20	
10/16/20		10/16/20		10/16/20		10/16/20	
11/1/20		11/1/20		11/1/20		11/1/20	
11/16/20		11/16/20		11/16/20		11/16/20	
12/1/20		12/1/20		12/1/20		12/1/20	
12/16/20		12/16/20		12/16/20		12/16/20	
1/1/21		1/1/21		1/1/21		1/1/21	
1/16/21	(160,622.00)	1/16/21	(82,974.00)	1/16/21	(81,558.00)	1/16/21	(1,182.00)
2/1/21	(80,311.00)	2/1/21	(41,487.00)	2/1/21	(40,779.00)	2/1/21	(591.00)
2/16/21	(80,311.00)	2/16/21	(41,487.00)	2/16/21	(40,779.00)	2/16/21	(591.00)
3/1/21	(80,311.00)	3/1/21	(41,487.00)	3/1/21	(40,779.00)	3/1/21	(591.00)
3/16/21	(80,311.00)	3/16/21	(41,487.00)	3/16/21	(40,779.00)	3/16/21	(591.00)
4/1/21	(80,311.00)	4/1/21	(41,487.00)	4/1/21	(40,779.00)	4/1/21	(591.00)
4/16/21	(80,311.00)	4/16/21	(41,487.00)	4/16/21	(40,779.00)	4/16/21	(591.00)
5/1/21	(80,311.00)	5/1/21	(41,487.00)	5/1/21	(40,779.00)	5/1/21	(591.00)
5/16/21	(80,311.00)	5/16/21	(41,487.00)	5/16/21	(40,779.00)	5/16/21	(591.00)
6/1/21	(80,311.00)	6/1/21	(41,487.00)	6/1/21	(40,779.00)	6/1/21	(591.00)
6/16/21	(80,305.00)	6/16/21	(41,490.00)	6/16/21	(40,780.00)	6/16/21	(590.00)
Extra		Extra		Extra		Extra	
13th Month		13th Month		13th Month		13th Month	
GRAND TOTAL	(963,726.00)	GRAND TOTAL	(497,847.00)	GRAND TOTAL	(489,349.00)	GRAND TOTAL	(7,091.00)
	TRUE		TRUE		TRUE		TRUE

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	List of Budget Changes Between Given Dates
	Medicaid State Plan Hospital Services Utilization Details
	Medicaid State Plan Hospital Services Utilization Reports
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	Official Cost Analysis Funding Band Report by SCEI Provider
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	Primary Contacts of Individuals Added to the CS Waiting List
	Procedure Codes and Modifiers
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	Proposed Budgets Awaiting Approval
	Provider Services Summary by Consumer

Band increase Amendment FY 21

- 1) Residential Band individual totals from FY 21 Amendment One will be used to start the calculation. Number of individuals in each band will be multiplied by band increase amount. These will be effective 7/1/20. 365 days of funding.

Band C + \$1,358 x # of Band C on Amendment 1 Appendix

Band D + \$1,127 x # of Band D on Amendment 1 Appendix

Band E + \$1,601 x # of Band E on Amendment 1 Appendix

Band F + \$1,412 x # of Band F on Amendment 1 Appendix

Band G + \$1,644 x # of Band G on Amendment 1 Appendix

Band H + \$1,545 x # of Band H on Amendment 1 Appendix

Band R + \$1,006 x # of Band R on Amendment 1 Appendix

Band T + \$1,453 x # of Band T on Amendment 1 Appendix

- 2) Any residential movements that happened after July 1 will be noted and increase/decrease will be prorated according to date of admission or discharge. Most providers will see these changes in their Amendment Two. Some may not have had any residential changes. If changes happened, these numbers will be added to total calculation shown above based on format examples below:

Examples:

Less 1 Band C on 7/15/20 $-\$1,358/365 \times 351$

Plus 1 Band H on 10/13/20 $+\$1,545/365 \times 261$

- 3) The total of #1 and #2 above will be the total net change for the amendment. Payments will show up under Adult Day and ICF on payment schedules. We are planning for payments for this amendment will be on the February 16th payment schedule. March 1st at the absolute latest. Payments will be made as follows: catch up payment from July 1 on first payment, then spread through rest of fiscal year like all other Capitated amendments.
- 4) Attachments will include payment summary, calculation breakdown and new Capitated Appendix. (See sample amendment – attached)
- 5) All subsequent Capitated amendments this Fiscal year will be calculated based on new band amounts.

Other Contract notes related to Band B and I conversion:

New contract for FFS Band B/I change and updated Capitated contract with wording changes will come out in the near future. (Once these Band increases are processed).

Approved consumers for at-home waiver services will still be updated in CDSS with Band B or I designation. These changes will be updated monthly. Providers can run a report of approved consumers that fall under the Band B/I categories in R2D2. See attached with highlighted report "Official Cost Analysis Funding Band Report by Financial Manager." Please email me at Contracts@ddsn.sc.gov if you do not have access to this report.

Questions? Contact Debra Leopard, Director of Contracts at (803) 898-9674 Contracts@ddsn.sc.gov



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	List of Budget Changes Between Given Dates
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	Medicaid State Plan Hospital Services Utilization Reports
	Missing Dollars Report
	Official Cost Analysis Funding Band Report by Financial Manager
	Official Cost Analysis Funding Band Report by SCEI Provider
	Pending Waiver Budgets
	Pending-Awaiting by Board and Caseworker
	Pending-Awaiting by Region
	Primary Contacts of Individuals Added to the CS Waiting List
	Procedure Codes and Modifiers
	Proposed Budgets Awaiting Approval for SCEI
	Proposed Budgets Awaiting Approval
	Provider Services Summary by Consumer

Summary by Band for Band Increase Amend

Amendment Summary

AMENDMENT # 2021-05

Any Provider

PGM	Band	SLOTS	EFFECTIVE		BAND	FY		Units	DESCRIPTION
			DATE			ANNUALIZED AMOUNT			
					C	\$ 1,358	\$ 1,358		Amount for each Band C
					D	\$ 1,127	\$ 1,127		Amount for each Band D
					G	\$ 1,644	\$ 1,644		Amount for Each Band G
					H	\$ 1,545	\$ 1,545		Amount for each Band H
					T	\$ 1,453	\$ 1,453		Amount for each Band T
SLP II	Band C	3	7/1/2020		C	4,074	4,074	365	Band C on 7/1/20
SLP I	Band D	7	7/1/2020		D	\$ 7,889	\$ 7,889	365	Band D on 7/1/20
CTH II	Band G	29	7/1/2020		G	\$ 47,676	\$ 47,676	365	Band G on 7/1/20
And	Band H	16	7/1/2020		H	\$ 24,720	\$ 24,720	365	Band H on 7/1/20
CRCF	Band H	(1)	7/15/2020		H	\$ (1,545)	\$ (1,486)	(351)	Termination of Band H Amend 2
ICF	Band T	23	7/1/2020		T	\$ 33,418	\$ 33,418	365	Band T on 7/1/20
		1	11/1/2020		T	\$ 1,453	\$ 963	242	Addition of Band T on Amend 2
CRCF	Band H		7/1/2020		H	\$ 1,545	\$ 1,545	365	Vacant Band H on Amend 1
		75				119,230	118,800		

Payment Breakdown for Band Increase Amend

Provider	Service	Amount	Contract
Any Provider	Capitated- Day	\$ 84,418	20210155 #05
Any Provider	Capitated- ICF	\$ 34,382	20210155 #05
<i>Total Payment Any Provider</i>		\$ 118,800	

Band Increase Sample Appendix

Capitated 2021	FY 21 Amendment 5						
Provider	Any Provider						
Effective Date	7/1/2020						
I. Band Allocation:	Amend Four	Amend Five	Difference	Description	Effective Date		
Band B Allocation	\$ 246,908	\$ 246,908	\$ -	Band increases	7/1/2020		
Band B Outlier Award	\$ -	\$ -		per attached			
Band B Award	\$ 246,908	\$ 246,908	\$ -				
Band C Allocation	\$ 115,734	\$ 119,808	\$ 4,074				
Band C Award	\$ 115,734	\$ 119,808	\$ 4,074				
Band D Allocation	\$ 112,970	\$ 120,859	\$ 7,889				
Band D Award	\$ 112,970	\$ 120,859	\$ 7,889				
Band G Allocation	\$ 2,331,861	\$ 2,379,537	\$ 47,676				
Band G Award	\$ 2,331,861	\$ 2,379,537	\$ 47,676				
Band H Allocation	\$ 1,495,263	\$ 1,518,497	\$ 23,234				
Band H Outlier Allocation	\$ -	\$ -					
Band H Award	\$ 1,495,263	\$ 1,518,497	\$ 23,234				
Band T Allocation	\$ 2,432,279	\$ 2,466,661	\$ 34,382				
Band T Award	\$ 2,432,279	\$ 2,466,661	\$ 34,382				
Band I Allocation	\$ 299,457	\$ 299,457	\$ -				
Band I Award	\$ 299,457	\$ 299,457					
Total Band Allocation	\$ 7,034,472	\$ 7,151,727	\$ 117,255				
Vacant Beds	\$ 99,069	\$ 100,614	\$ 1,545				
Total Band Award	\$ 7,133,541	\$ 7,252,341	\$ 118,800				

Band Increase Sample Appendix

Total Band Individuals	Amend Four	Amend Five	Difference		FUNDING BANDS	7/1/2020	Outlier Cap
Band B Individuals	-	-	-		Band B	\$ -	
Band C Individuals	3	3			Band C	\$ 39,936	
Band D Individuals	5	5	-		Band D	\$ 23,721	
Band G Individuals	29	29	-		Band E	\$ 28,381	
Band H Individuals	15	15	-		Band F	\$ 42,001	
Band T Individuals	24	24	-		Band G	\$ 82,053	
Band I Individuals	-	-	-		Band H	\$ 100,614	\$ 127,347
Total Band Individuals	76	76	-		Band I	\$ -	
					Band T	\$ 107,736	
					Band R	\$ 106,517	
					Day unit rate	\$ 31.29	
II. Authorized Slots and Minimum Units	Amend Four	Amend Five	Difference				
Adult Develop At Home Individuals	0	-	-				
Adult Develop At Home Minimum Units	-	-	-				
Adult Develop Residential Individuals	45	45	-				
Adult Develop Residential Minimum Units	18,758	18,758	-				
CRCF Individual	6	6	-				
CRCF Minimum Units	1,779	1,779	-				
CTH II Individuals	39	39	-				
CTH II Minimum Units	11,388	11,388	-				
SLP I Individuals	5	5	-				
ICF Individuals	24	24	-				
ICF Minimum Units	7,814	7,814					

Band Increase Sample Appendix

III. Community Residential Authorized Slots			
	Amend Four	Amend Five	Difference
CRCF			
Star Fleet Drive	6	6	-
CTH II			
Apollo Drive	4	4	-
Betazoid Street	4	4	-
Enterprise Way	4	4	-
Galileo Hwy	4	4	-
Klingon Rd	4	4	-
Orion Place	4	4	-
Romulan Ave	4	4	-
Saturn Rd	3	3	-
Telerite	4	4	-
Vulcan Street	4	4	-
Total CTH II	39	39	-
ICF			
Ferengi Way	8	8	-
Gorn Park	8	8	-
Pluto	8	8	-
Total ICF	24	24	
Bed Fees	\$ 78,540	\$ 78,540	\$ -
Client Fees	\$ 164,000	\$ 164,000	\$ -
SLP II			
Voyager Apts	3	3	-
Total ICF	3	3	

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FY 2021 STATEWIDE INDIVIDUAL FUNDING LEVELS - EFFECTIVE JULY 1, 2020

Issue Date
01/25/21

ADJUSTED RATES FOR INCREASE TO ICF PASS-THROUGH RATES AND RESIDENTIAL RATES FOR HHS PASS-THROUGH RATE OF \$31.29 PER UNIT

		Initial FY 21 Funding	ICF Rate Increase	Pass-through Day Program Rate Increase	Revised Funding Bands eff. 7/1/20	
Band C	Supported Residential - SLP II	\$ 38,578	\$ -	\$ 1,358	\$ 39,936	Band C
Band D	Supported Residential - SLP I	\$ 22,594	\$ -	\$ 1,127	\$ 23,721	Band D
Band E	Supported Residential - CTH I	\$ 26,780	\$ -	\$ 1,601	\$ 28,381	Band E
Band F	Supported Residential - Enhanced CTH I	\$ 40,589	\$ -	\$ 1,412	\$ 42,001	Band F
Band G	Residential Low Needs	\$ 80,409	\$ -	\$ 1,644	\$ 82,053	Band G
Band H	Residential High Needs	\$ 99,069	\$ -	\$ 1,545	\$ 100,614	Band H
Band R	Residential Placement from Regional Centers	\$ 105,511	\$ -	\$ 1,006	\$ 106,517	Band R
Band T	ICF Residential	\$ 106,283	\$ 1,453	\$ -	\$ 107,736	Band T
Residential Band H - Outlier Cost Threshold		\$ 127,347				
Residential Band R does not qualify for outlier status		N/A				
SFCS Cap - 7/1/2020 Original		\$ 15,742				
HHS Pass-through Rate Increase		\$ 488				
SFCS Cap - 7/1/2020 Revised		\$ 16,230				

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

QPL RATE CHANGE EFFECTIVE JULY 1, 2020

ADJUSTED RATES FOR INCREASE TO ICF PASS-THROUGH RATES AND RESIDENTIAL RATES FOR HHS PASS-THROUGH RATE OF \$31.29 PER UNIT

Issue Date

01/25/21

	<u>Unit</u>	<u>Initial FY 20 Funding</u>	<u>ICF Rate Increase</u>	<u>Pass-through Day Program Rate Increase</u>	<u>Pass-through Rate Adjustment</u>	<u>Revised Rates eff. 7/1/20</u>	<u>Rate Change</u>	<u>Unit</u>
Residential High Needs - CRCF/CTH II	Daily	\$ 265.58	\$ -	\$ 4.23	\$ -	\$ 269.81	\$ 4.23	Daily
Residential Low Needs - CRCF/CTH II	Daily	\$ 214.47	\$ -	\$ 4.50	\$ -	\$ 218.97	\$ 4.50	Daily
Residential - HASCI CTH II	Daily	\$ 264.30	\$ -	\$ 4.23	\$ -	\$ 268.53	\$ 4.23	Daily
Supported Residential - SLP II	Daily	\$ 98.63	\$ -	\$ 3.72	\$ -	\$ 102.35	\$ 3.72	Daily
Supported Residential - SLP I	Monthly	\$ 1,530.54	\$ -	\$ 93.92	\$ -	\$ 1,624.46	\$ 93.92	Monthly
Supported Residential - Enhanced CTH I	Monthly	\$ 2,525.73	\$ -	\$ 117.67	\$ -	\$ 2,643.40	\$ 117.67	Monthly
Day Supports - pass-through rate	Half Day	\$ 27.50	\$ -	\$ 3.79	\$ -	\$ 31.29	\$ 3.79	Half Day
Supported Employment - Individual - IDRD	15 Mins	\$ 17.90	\$ -	\$ -	\$ (1.42)	\$ 16.48	\$ (1.42)	15 Mins
Supported Employment - Individual - CS	15 Mins	\$ 17.90	\$ -	\$ -	\$ 4.05	\$ 21.95	\$ 4.05	15 Mins
Supported Employment - Individual - HASCI	15 Mins	\$ 17.90	\$ -	\$ -	\$ (1.42)	\$ 16.48	\$ (1.42)	15 Mins
Respite	15 Mins	\$ 2.83	\$ -	\$ -	\$ 0.34	\$ 3.17	\$ 0.34	15 Mins
Adult Companion	15 Mins	\$ 2.82	\$ -	\$ -	\$ 0.47	\$ 3.29	\$ 0.47	15 Mins

Beverly A. H. Buscemi, Ph.D.
State Director

David A. Goodell
*Associate State Director
Operations*

Susan Kreh Beck
*Associate State Director
Policy*

Thomas P. Waring
*Associate State Director
Administration*



3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
803/898-9600
Toll Free: 888/DSN-INFO
Website: www.ddsn.sc.gov

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Reference Number: 250-09-DD

Title of Document: Calculation of Room and Board for Non-ICF/IID Programs

Date of Issue: May 1, 2009

Effective Date: July 1, 2014

Last Review Date: October 31, 2017

Date of Last Revision: October 31, 2017 **(REVISED)**

Applicability: All DSN Boards, All Financial Managers, All Contracted Residential Service Providers.

I. PURPOSE

The purpose of this document is to state policy and procedures for calculating room and board charges for DDSN non-ICF/IID programs and applying consumers' income toward room and board.

II. POLICY

All DSN Boards and QPL Residential Service Providers must establish an official policy for charging consumers for the cost of room and board. This policy must address at a minimum both applying consumers' income toward the cost of room and board and the determination of the room and board charge. The monthly charge must be fair and equitable. In no circumstance may the charge for room and board exceed the actual cost of room and board.

DSN Boards and QPL Residential service Providers will review their room and board costs and room and board charges at least on an annual basis.

Room and board calculations will be based on the previous fiscal years audited financial statements. Room and Board calculations must be submitted to the Cost Analysis Division 90 days after the end of the provider's fiscal year.

All room and board calculations and any subsequent changes to the policies must be submitted on one of the attached worksheets in excel format (no PDF files will be accepted), and approved by the Director of Cost Analysis or his/her designee.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Whitten Center - Phone: 864/833-2733

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

DISTRICT II

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Saleeby Center - Phone: 843/332-4104

III. PROCEDURES

1. Calculating Room and Board

Consumer Income

Both unearned and earned income can be applied toward the cost of room and board. Consumers must retain the required minimum of \$50 of unearned income per month and a minimum of 50% of earned income per month.

2. HUD Facilities

RENT: No rent costs are included in the calculation for HUD facilities. HUD determines the “contract rent” for a HUD facility based on the costs of the HUD Corporation as submitted to HUD on Budget Worksheet HUD-92547-A.

BOARD: For the “board” portion, the residential service provider may average the “board” costs across all HUD properties. The “board” costs are on the books of the residential service provider and will be limited to food, household supplies, and administration allocation.

3. Non-HUD Facilities

Community Residential Care Facilities (CRCF) and Community Training Home II (CTH-II)

The room and board charge may be residence specific or an average of all similar residences. For example: all CTH-II’s in a specific geographical area.

For non-HUD facilities, the residential service provider will calculate both the room (rental) component and board component of room and board.

Room and Board charges to a consumer may not exceed the actual cost of room and board. Use of average costs fulfills this requirement.

Examples of cost categories to consider:

Food	Water	Cable/Satellite Television
Telephone (consumer use)	Exterminating	Furnishings
Electricity	Trash Removal	Household Supplies
Property taxes and insurance	Yard Maintenance	
Maintenance (contractual and supplies)	Rental Charge - only depreciation and interest expenses may be used.	

Additional Costs: The cost of additional services consumers may request (e.g., separate telephone lines, cell phone and plans, or special cable services) will be the responsibility of the individual consumers in addition to the basic room and board charge.

4. Supplemental Nutrition Assistance Program (SNAP)

For consumers receiving SNAP, the amount of their individual SNAP benefit must be deducted from each individual’s room and board charge before applying their income toward the approved room and board charge.

5. Supervised Living I and II

Consumers in these programs will be responsible for their own rent, utilities, food, furnishing, and household suppliers. The following cost elements will be included in the SLP-I/II rent charges for those consumers living in agency-owned housing:

- Rental charge based on depreciation expense or mortgage expense for provider owned units. Actual rental charge must be used for individually rented units.
- Maintenance of residence and grounds.
- Property taxes and insurance.
- Pest Control.

6. Community Training Home I (CTH-I)

CTH-I consumers must retain a minimum of \$50.00 of unearned income and 50% of earned income. The remainder of their monthly benefits can be applied to room and board as long as the amount does not exceed the HUD published Fair Market Rental (FMR) for the county in which they reside.

7. Allocation of Administrative Costs

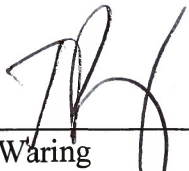
A portion of administrative costs must be allocated to room and board. The costs can only be allocated to costs actually incurred by the board/provider. To calculate percentage, divide total administrative costs by total organization operation costs.

8. Other Items

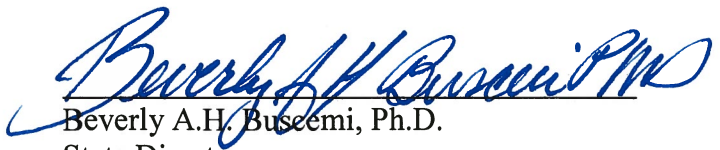
Room and Board rates should not be approved by the local Board of Directors until DDSN has reviewed and approved the rates.

DDSN reserves the right to adjust and approve rates based on the most recent audit.

Attached is a sample residential lease agreement which can be used to comply with DDSN Residential Standard RH 2.6. (see Attachment C).



Tom Waring
Associate State Director-Administration
Administration (Originator)



Beverly A.H. Buscemi, Ph.D.
State Director
(Approved)

To access the following attachments, please see the agency website page “Attachments to Directives” under this directive number at <http://www.ddsn.sc.gov/about/directives-standards/Pages/AttachmentstoDirectives.aspx>.

Attachment A: Calculating Room and Board Example (Non-HUD Property)
Attachment B: Calculating Room and Board Example (HUD Property)
Attachment C: Sample Lease Agreement

ATTACHMENT A: CALCULATING ROOM AND BOARD EXAMPLE: NON-HUD FACILITIES				
ABC Residential Services				
Computation of Room & Board Costs for CTH II Consumers Based on 6/30/15 Audited Financial Statements				
For the Calendar Year beginning 1/1/16				
Cost	Park CTH II	River CTH II	Meadow CTH II	Total
Food	6,735	7,442	7,594	21,771
Telephone	1,140	1,517	1,179	3,836
Electricity	3,161	3,679	5,320	12,160
Water	526	1,371	2,335	4,232
Exterminating	240	522	414	1,176
Cable/Satellite TV	497	620	938	2,055
Maintenance - contractual and supplies	4,658	5,094	5,001	14,753
Yard Maintenance	1,163	1,163	1,163	3,489
Household supplies	1,392	1,681	2,270	5,343
Furnishings	322	429	425	1,176
Property Insurance	913	957	106	1,976
Interest Expense - Mortgage	-	-	-	-
Building Depreciation	2,407	1,918	1,007	5,332
Subtotal	\$ 23,154	\$ 26,392	\$ 27,753	\$ 77,298
Administration (Percentage below x Subtotal)	1,665	1,898	1,996	5,560
				-
Total Annual Cost	\$ 24,819	\$ 28,290	\$ 29,749	\$ 82,858
Total Monthly Cost	\$ 2,068	\$ 2,358	\$ 2,479	\$ 6,905
Number of residents	4	4	4	12
Monthly room & board per resident	\$ 517.06	\$ 589.39	\$ 619.76	\$ 575.40
Room and Board Charge set at:				\$ 575
Calculation of Administration Costs				
Total Board Operation Costs from Audit		\$ 6,286,007 *		
Total Costs From Admin Cost Center		\$ 452,133		
Allowable Admin Percentage		7.19%		
Applying Income to Room and Board				
Room and Board Charge		\$ 575		
LESS: SNAP Benefits		\$ (100)		
Maximum Room and Board that can be charged		\$ 475		
(Amount resident pays cannot exceed Approved Room and Board Charge)				
* Entries are for illustration only -- Use the actual data from Audited Financial Statements.				

ATTACHMENT B: CALCULATING BOARD EXAMPLE: HUD FACILITIES

Acme Residential Services

Computation of Board Costs for CTH II Consumers Based on 6/30/15 Audited Financial Statements For the Calendar Year beginning 1/1/16

Cost	Cardinal CTH II	Owl CTH II	Total
Food	9,084	9,080	18,164
Cable/Satellite TV	-	-	-
Household supplies	2,827	2,816	5,643
Subtotal	\$ 11,911	\$ 11,896	\$23,807
Administration (Percentage below x Subtotal)	857	856	1,712
			-
Total Annual Cost	\$ 12,768	\$ 12,752	\$25,519
Total Monthly Cost	\$ 1,064	\$ 1,063	\$ 2,127
Number of residents	4	4	8
Monthly room & board per resident	\$ 265.99	\$ 265.66	\$265.83
Room and Board Charge set at:			\$ 266
Calculation of Administration Costs			
Total Board Operation Costs from Audit		\$ 6,286,007	*
Total Costs From Admin Cost Center		\$ 452,133	
Allowable Admin Percentage		7.19%	
Applying Income to Board			
Board Charge		\$ 266	
LESS: SNAP Benefits		\$ (100)	
Maximum Board that can be charged		\$ 166	
(Amount resident pays residential service provider cannot exceed the approved Board Charge)			
* Entries are for illustration only -- Use the actual data from Audited Financial Statements.			